CERTIFICATE OF LIMITED PARTNERSHIP

To the: STATE OF IDAHO SECRETARY OF STATE

CORPORATIONS DIVISION

PHONE: (208) 334-5355 FAX: (208) 334-2282 C OF STATE 700 WEST JEFFERSON, ROOM 203 • P.O. BOX 83720 • BOISE, ID 83720-0080



35 MAY 22 AM 10 49

1.	The name of the limited partnership is: (Must include, without abbreviation, the words "Limited Partnership.")
2.	The name and business address of the registered agent are:
	Larry Ratliff 1737 North Mink Creek Road, Pocatello, ID 83204 (nota P.O. Box)
3.	The name and business address of each general partner are: Name Address
	Larry Ratliff 1737 North Mink Creek Road, Pocatello, ID 83204
	(If more space is needed, continue in item 5.)
4.	The latest date on which the partnership will dissolve is. April 26, 2005
5.	Othermatters (optional):
6.	Signatures of all general partners: Secretary of State use only
	IDAHO SECRETARY OF STATE
	19950522 0900 91254 2 CK #: 239 CUST# 41308
	CORP 100.00= 100.00