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FILED/EFFECTIVE
2002 SEP 30 AM 9:05

CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

1. The name of the limited partnership is: VICKERS FAMILY LIMITED PARTNERSHIP

2. The name and business address of the registered agent are:
JAMES R. VICKERS, 259 SHOSHONE STREET SOUTH, TWIN FALLS, IDAHO 83301

3. The name and business address of each general partner are:

Name	Address
JAMES R. VICKERS	259 SHOSHONE STREET SOUTH, TWIN FALLS, IDAHO 83301
SANDRA L. VICKERS	259 SHOSHONE STREET SOUTH, TWIN FALLS, IDAHO 83301

(If more space is needed, continue in item 4.)

4. Other matters (optional):

5. Signature of all general partners:

James R. Vickers — JAMES R. VICKERS, Typed Name

Sandra L. Vickers — SANDRA L. VICKERS, Typed Name

_____ — Typed Name

_____ — Typed Name

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09/30/2002 05:00
CK: 1004 CT: 4894 BH: 524067
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