



CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

2004 MAY -3 PM 2: 16

STATE
OF IDAHO

1. The name of the limited partnership is: KOLNES FAMILY LIMITED PARTNERSHIP
2. The name and business address of the registered agent are:
GRANT KOLNES 1528 N. CREEKFIELD PLACE, EAGLE, IDAHO 83616
3. The name and business address of each general partner are:

<u>Name</u>	<u>Address</u>
GRANT KOLNES	1528 N. CREEKFIELD PLACE, EAGLE, IDAHO 83616
HEATHER KOLNES	1528 N. CREEKFIELD PLACE, EAGLE, IDAHO 83616
4. Other matters (optional):

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

5. Signature of all general partners:

[Signature]
Heather Kolnes

GRANT KOLNES
Typed Name
HEATHER KOLNES
Typed Name
Typed Name
Typed Name

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE
05/03/2004 05:00
CK: 6785 CT: 73243 BH: 742844
1 @ 100.00 = 100.00 LTD PTR DM # 2

Web Form

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