

FILED/EFFECTIVE

NOV-3 AM 8:59
STATE OF IDAHO**CERTIFICATE OF LIMITED PARTNERSHIP**

(Instructions on back of application)

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

2. The name and business address of the registered agent are:

BRAD COUCH -- 441 PARKWAY CIRCLE, IDAHO FALLS, ID 83401
(not a P.O. Box)

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

NameAddressBRAD COUCH 441 PARKWAY CIRCLE, IDAHO FALLS, ID 83401ROZ COUCH 441 PARKWAY CIRCLE, IDAHO FALLS, ID 83401

(If more space is needed, continue in item 5.)

4. Other matters (optional):

5. Signatures of all general partners:

Brad Couch
Roselyn R. Couch

g:\corp/forms\CLP.pmf Revised 7/97

Secretary of State use only

IDAHO SECRETARY OF STATE

11/08/2000 09:00
CK: 5002 CT: 138242 BH: 3596641 @ 100.00 = 100.00 LTD PTR DM # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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