



CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE
2004 JAN -8 AM 9:00
STATE OF IDAHO

1. The name of the limited partnership is: Kamman Limited Partnership

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

G. Kent Taylor, 401 Second Street North, Suite 201, Twin Falls, Idaho 83301

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

<u>Name</u>	<u>Address</u>
G. Kent Taylor	P.O. Box 1901, Twin Falls, Idaho 83303-1901

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

4. Other matters (optional):

5. Signature of all general partners:

G. Kent Taylor

G. Kent Taylor

Typed Name

Typed Name

Typed Name

Typed Name

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE
01/08/2004 05:00
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