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FILED EFFECTIVE

2012 DEC -7 PM 3:48
SECRETARY OF STATE
STATE OF IDAHO

CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

1. The name of the limited partnership:
   JOHN AND LOIS OLSEN FAMILY, LLLP

2. The mailing address of the principal office:
   40 W. RICH LANE, BLACKFOOT, ID 83221

3. The name and business address of the registered agent:
   JOHN W. OLSEN, 40 W. RICH LANE, BLACKFOOT, ID 83221

4. The name and mailing address of each general partner:

Name	Address
JOHNS W. OLSEN	40 W. RICH LANE, BLACKFOOT, ID 83221
LOIS OLSEN	40 W. RICH LANE, BLACKFOOT, ID 83221

(If more space is needed, continue in item 6.)

5. This limited partnership [☐ is not] [☑ is] a limited liability limited partnership.
   [If you check that your partnership is a limited liability limited partnership, your partnership name must end in LLLP or Limited Liability Limited Partnership.]

6. Other matters (optional):

7. Signature of all general partners:

Signature	Typed Name
John W. Olsen	John W. Olsen
Lois O. Olsen	Lois Olsen

Secretary of State use only

IDAHO SECRETARY OF STATE
12/07/2012 05:00
CK: NONE CT: 1188 BH: 1350516
1 @ 100.00 = 100.00 LTD PTR DM # 4
1 @ 20.00 = 20.00 EXPEDITE C # 5

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