



CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

2007 FEB -9 AM 9:12

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership:

The Marion Family Limited Partnership

2. The mailing address of the principle office:

P. O. Box 1077, Cascade, Idaho 83611

3. The name and business address of the registered agent:

Connie Mae Roark, 514 Sawyer St., Box 1077, Cascade, ID 83611

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

Name	Address
Connie Mae Roark	Box 1077, Cascade, Idaho 83611

(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:

Connie Mae Roark Connie Mae Roark

Typed Name

Typed Name

Typed Name

Typed Name

Secretary of State use only

5-compliance/secretariat of limited partnership.pdf Revised 09/2006

IDAHO SECRETARY OF STATE
02/09/2007 05:00
CK: 6497 CT: 70909 BH: 1031062
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