



CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED/EFFECTIVE

Nov 27 3 39 PM '00

SECRET
STATE

1. The name of the limited partnership is: SSN L.P.

2. The name and business address of the registered agent are:
Scott R. Nicholson, 700 W. Overland Rd., P.O. Box 690, Meridian, ID 83680-0690
(not a P.O. Box)

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

<u>Name</u>	<u>Address</u>
Scott R. Nicholson	P.O. Box 690, Meridian, ID 83680-0690
Sherri C. Nicholson	P.O. Box 690, Meridian, ID 83680-0690

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

4. Other matters (optional):

5. Signatures of all general partners:

Scott R. Nicholson

Sherri C. Nicholson

Secretary of State use only

IDaho SECRETARY OF STATE

11/28/2000 09:00
 CK: 4899 CT: 70238 DH: 363152

1 @ 100.00 = 100.00 LTD PTR DM # 2

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