

CERTIFICATE OF LIMITED PARTNERSHIP

To the: STATE OF IDAHO SECRETARY OF STATE
CORPORATIONS DIVISION

PHONE: (208) 334-2301 FAX: (208) 334-2282
700 WEST JEFFERSON, ROOM 203 • P.O. BOX 83720 • BOISE, ID 83720-0080



State of Idaho
8:25 AM
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FILED

1. The name of the limited partnership is: Bowen Family Limited Partnership
(Must include, without abbreviation, the words "Limited Partnership.")
2. The name and business address of the registered agent are:
Patricia A. Bowen, 120 N. Adams, Moscow ID 83843
(not a P.O. Box)
3. The name and business address of each general partner are:

<u>Name</u>	<u>Address</u>
<u>Patricia A. Bowen</u>	<u>120 N. Adams, Moscow ID 83843</u>
4. The latest date on which the partnership will dissolve is: December 31, 2097
5. Other matters (optional):

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

6. Signatures of all general partners:

Patricia A. Bowen

Secretary of State use only
IDAHO SECRETARY OF STATE

03/25/1998 09:00
CK: 8915 CT: 2039 DM: 94264

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