

CERTIFICATE OF LIMITED PARTNERSHIP



To the Secretary of State of Idaho, **DEC 11 AM 8:56**
Statehouse, Boise, Idaho 83720

SECRETARY OF STATE
STATE OF IDAHO

FILED

1. The name of the limited partnership is: **GRANT FAMILY LIMITED PARTNERSHIP**
(Must include, without abbreviation, the words "Limited Partnership.")

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

HAROLD L. GRANT 836 GREEN ACRES DRIVE, TWIN FALLS, ID 83301

(not a P.O. Box)

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

Name Address

HAROLD L. GRANT 836 GREEN ACRES DRIVE, TWIN FALLS, ID 83301

ELIZABETH A. GRANT 836 GREEN ACRES DRIVE, TWIN FALLS, ID 83301

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

4. The latest date on which the partnership will dissolve is: **DECEMBER 31, 2036**

5. Other matters (optional):

6. Signatures of all general partners:

Harold L. Grant

Elizabeth A. Grant

12/11/1997 09:00
CK: 5892 CT: 14187 BH: 62574
1 @ 100.00 = 100.00 LTD PTR DM

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