## CERTIFICATE OF LIMITED PARTNERSHIFFILED

To the: STATE OF IDAHO SECRETARY OF STATE 22 ANTI: 11



PHONE: (208) 334-5355 FAX: (208) 334-2282 700 WEST JEFFERSON, ROOM 203 • P.O. BOX 83720 • BOISE, ID 83720-0080 HO

The name of the limited partnership is:	
THE JOHNSON FAMILY LIMITED PARTNERSHIP	de, without abbreviation, the words "Limited Partnership.")
2. The name and business address of the registered agent are:	
. Bud Johnson, 8902 North 115 East, Ririe	, Idaho 83443
ot a P.O. Box)	
<ol> <li>The name and business address of each general partner are:</li> <li>Name</li> <li>Address</li> </ol>	
Johnson Enterprises, LLC 8902 North 11	5 East, Ririe, Idaho 83443
	,
more space is needed, continue in item 5.)	12/31/2050
he latest date on which the partnership will disso	olveis:
thermatters (optional):	
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	:
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gnatures of all general partners:	IDAHO SECRETARY OF STATE
ohnson Enterprises, LLC	1 1 5-22 1 5 5 5 4 5 1 00 CK: 1539 CT: 96312 NH: 266116
ivi & p 6 P	1 8 186.88 = 180.80 LTD PTR DM # 2
E. Bud Johnson, Manager and Member	
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Y: E. B. Dukan	