FILED

CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)



1.	The name of the limited partners	hip is: _	ELN Fami	ily I	Limit	ed Part	nershi	þ	PROMINE TO A STATE OF THE STATE	
2. The name and business address of the registered agent are:										
	Elma L. Newgen 55 (not a P.O. Box)	595 Nor	th Rift	fle V	Way,	Boise,	Idaho	83703	**************************************	
3.	The name and business address Name The Elma Lightfoot Newgen Family Trust, U/T/A dated June 17,	of each <u>Address</u>		partne	er are:					
	1994, wherein Elma L.	5595 No	orth Ri	ffle	Way,	Boise,	Idaho	83703	}	
	(If more space is needed, continue in item 5.)							·	1	
4.	Other matters (optional):							•	<u> </u>	
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		• •	***						r	
5	Signatures of all general partners	·•						.		
0.	The Elma Lightfoot Newgen Family Trust						100HO SECRETARY OF STATE Secretary of State use only 11/17/1998 09:00 CK: 2958 CT: 84162 BH: 162013			
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