

CERTIFICATE OF LIMITED PARTNERSHIP

FILED EXTECT STATE OF TOAKONE

(Instructions on back of application)

| 1. | The name of the limited partnership is: | Godfrey Family Limited Partnership |
|--------------|---|---|
| | | |
| 2. | The name and business address of the registered agent are: | |
| | Jake L. Jabbora, 2040 White Avenue, (not a P.O. Box) | |
| 3. | The name and business address of each general partner are: Name Address | |
| | Martha Jabbora Godfrey, 514 S. A Trustee of the Martha Jabbora Godfrey Living Trust | lmon, Moscow ID 83843 |
| | (If more space is needed, continue in item 5.) Other matters (optional): | |
| M | Signatures of all general partners: | Secretary of State use only LDANO SECRETARY OF STATE |
| Trus Livi | stee of the Martha Jabbora Godfrey | CK: 1294 CT: 2839 BH: 386464 |
| _ | | 1 8 196.80 = 188.80 LTD PTR DM # 2 |

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