

CERTIFICATE OF LIMITED PARTNERSHIP

FILED EFFECTIVE

STATE OF IDAHO

(Instructions on back of application)

1.	The name of the limited p	artnership is: GIBB	S FAMILY LII	MITED PARTNERSHIP	:
2.	The name and business address of the registered agent are: CLARA R. GIBBS, 3541 EAST 3750 NORTH, KIMBERLY, IDAHO 83341				
3.	The name and business address of each general partner are: Name Address CLARA R. GIBBS 3541 EAST 3750 NORTH, KIMBERLY, IDAHO 83341				
	(If more space is needed, continue in iten Other matters (optional):	n 4.)			
5 6	Nonoture of all a				
o. 8	Signature of all general partn	CLARA R. GIBBS Typed Name Typed Name Typed Name	Corpylorms/uplorms/certoffp.p65 Revised 01/2001	Secretary of State use only IDAHO SECRETARY OF ST O1/13/2005 05	S:00
		Typed Namo	1,000	CK: 3077 CT: 4894 BH: 1 8 100.00 = 100.00 LTD D	787 894

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