## CERTIFICATE OF LIMITED PARTINERSHIP

(Instructions on back of application)



1. The name of the limited partnership is: The Joe & Rose Marie Russell Family  Limited Partnership							
<ol> <li>The name and business address of the registered agent are:</li> <li>Joe Charles Russell, 3212 Woodridge Drive, Twin Falls, ID 83301</li> </ol>							
	(not a P.O. Box)	of each	general nartn	er are:			
٦.	The name and business address  Name	Address		or arc.	y.		
	Joe Charles Russell	3212	Woodridge	Drive,	Twin Falls	, ID	83301
					<u> </u>		
	(If more space is needed, continue in item 5.)						<del> </del>
4	Other matters (optional):						
	Carol manera (episanen)						•
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							<i>k</i> /-
				I	)aho secretary of st	ATE	
5. ;	5. Signatures of all general partners:			1272071999 09:00 CK: 24876:4(7,017269: BR! 974748			
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