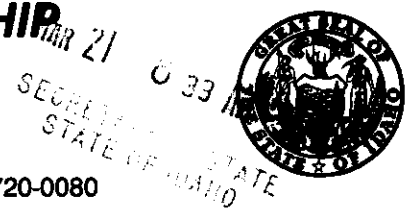


L 3050

CERTIFICATE OF LIMITED PARTNERSHIP

To the: STATE OF IDAHO SECRETARY OF STATE
CORPORATIONS DIVISION

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



1. The name of the limited partnership is: LLOYD C. LARSON FAMILY LIMITED PARTNERSHIP
(Must include, without abbreviation, the words "Limited Partnership.")

2. The name and business address of the registered agent are:
Lloyd C. Larson, 327 North First Ave., Sandpoint, Idaho 83864
(not a P.O. Box)

3. The name and business address of each general partner are:

Name	Address
<u>Lloyd C. Larson</u>	<u>327 North First Ave., Sandpoint, Idaho 83864</u>

(If more space is needed, continue in item 5.)

4. The latest date on which the partnership will dissolve is: December 31, 2026

5. Other matters (optional):

6. Signatures of all general partners:
Lloyd C. Larson

Secretary of State use only	
IDAHO SECRETARY OF STATE	
DATE 03/21/1996 0900	47346
CK #: 1294	CUST# 19987
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