

FILED

CERTIFICATE OF LIMITED PARTNERSHIP

To the Secretary of State of Idaho
Statehouse, Boise, Idaho 83720

03 MAY 11 PM 2:37
SECRETARY OF STATE
STATE OF IDAHO



1. The name of the limited partnership is: DORIS K. MCCORMICK
(Must include, without abbreviation, the words "Limited Partnership.")
LIMITED PARTNERSHIP

2. The name and business address of the registered agent are:

CAROLYN MARIE BOYD, 421 MICHIGAN ST. GOODING, ID 83330
(not a P.O. Box)

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

| <u>Name</u> | <u>Address</u> |
|-------------------------------|-------------------------------------|
| DOPIS MCCORMICK, LIVING TRUST | 602 4th AVE EAST, GOODING, ID 83330 |

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

4. The latest date on which the partnership will dissolve is: April 30, 2048

5. Other matters (optional):

6. Signatures of all general partners:

Carolyn Marie Boyd
CAROLYN MARIE BOYD, TRUSTEE

Doris K McCormick
DORIS MCCORMICK, TRUSTEE

IDAHO SECRETARY OF STATE

Secretary of State use only

05/11/1998 09:00
CX: 1425 CT: 21173 BH: 109514

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