## CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)



The name and business address of the registered agent are:	
(not a P.O. Box)	
The name and business a	address of each general partner are:
Name	<u>Address</u>
PAUL W. JENSEN	280 SOUTH ARTHUR 2ND LEVEL, PCOATELLO, ID 83204
(if more space is needed, continue in	
The latest date on which i	the partnership will dissolve is:
Other matters (optional):	
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Signatures of all general (	partners:
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