

**FILED****CERTIFICATE OF LIMITED PARTNERSHIP**

00 JAN 21 PM 4:09

(Instructions on back of application)

00 JAN 21 AM 8:52

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited partnership is: \_\_\_\_\_

THE LYNN &amp; DEBBIE SMITH LIMITED PARTNERSHIP

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

523 NORTH 150 WEST, BLACKFOOT, ID 83221 - D. LYNN SMITH

(not a P.O. Box)

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

NameAddress

D. LYNN SMITH

Same as above

DEBBIE SMITH

Same as above

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

4. Other matters (optional):

5. Signatures of all general partners:

*[Signature of D. Lynn Smith]*

*[Signature of Debbie Smith]*

\_\_\_\_\_

\_\_\_\_\_

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Secretary of State use only  
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