



# CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

**FILED/EFFECTIVE**

01 DEC 31 AM 10:09  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited partnership is: Adams/Lester Limited Partnership
  
2. The name and business address of the registered agent are:  
Darin DeAngeli                      c/o Ahrens & DeAngeli, p.l.l.c., 101 South Capitol Blvd., Ste. 1701, Boise, ID 83702
  
3. The name and business address of each general partner are:  

| <u>Name</u>                                                                         | <u>Address</u>                               |
|-------------------------------------------------------------------------------------|----------------------------------------------|
| <u>Marie L. Adams Trust, U/T/A dated 9/11/91 of which Marie L. Adams is Trustee</u> | <u>P.O. Box 6561, Boise, ID 83707-6561</u>   |
| <u>Stanley E. Lester</u>                                                            | <u>4317 Margaret Lane, Winters, CA 95694</u> |

(If more space is needed, continue in item 4.)
  
4. Other matters (optional):

5. Signature of all general partners:

Marie L. Adams Trust, U/T/A  
dated 9/11/91

By: Marie L. Adams, Trustee

Stanley E. Lester

Marie L. Adams Trust,  
U/T/A dated 9/11/91,  
By: Marie L. Adams,  
Trustee

Typed Name  
Stanley E. Lester

Typed Name

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/31/2001 05:00  
CK: 6441 CT: 84162 DH: 437363  
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Revised 01/2001