

## CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

2009 JAN 20 AM 10: 03

SECRETARY OF STATE

				STA	TE OF IDAHO
1.	The name of the limited	partnership:			
	Olson Farms Partnership	_P	<u></u>		<del></del>
2.	The mailing address of the principal office:				
	3195 Farm To Market Rd, Bonners Ferry, Idaho 83805				
3.	The name and business address of the registered agent:				e e e e e e e e e e e e e e e e e e e
	Deborah Youngwirth CPA, 6437 Bonner St., Bonners Ferry, Idaho 83805				
4.	The name and mailing address of each general partner:  Name  Address				amente de la companya
	Robert E. Olson, 3195 Farm To Market Rd, Bonners Ferry, Idaho 83805				
	Gary W. Olson, 520335 Hwy 95, Bonners Ferry, Idaho 83805				
	Carolyn A. Kyser, 319 N. Henry, Post Falls, Idaho 83854				· · · · · · · · · · · · · · · · · · ·
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	(If more space is needed, contin	ue in item 6.)			· · · · · · · · · · · · · · · · · · ·
5. <sub>[</sub>	This limited partnership from the street that your partnership from th	[☑ is not][☐ is] a	limited liab	ility limited parti	nership. ly Umited Partnership.]
6.	Other matters (optional)	:			•
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کر.7	ignature of all general partners:  Secretary of State use o				use only
H.	Medical Comments	Robert E. Olson Typed Name			
	Say Com	Gary W. Olson			1
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