CERTIFICATE OF LIMITED PARTNERSHIP



To the Secre	tary of	State	of.	ldaho,
--------------	---------	-------	-----	--------

Statehouse, Boise, Idaho 83720

1. The name of the limited partnership is: Rockhaven Retirement Homes, a Limited Partnership (Must include, without abbreviation, the words "Limited Partnership.")

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

Lynne Poulton, 200 East Main, Oakley, Idaho 83348 (not a P.O. Box)

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

Name

<u>Address</u>

James Poulton

200 East Main, Oakley, Idaho 83348

Lynne Poulton

200 East Main, Oakley, Idaho

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

4. The latest date on which the partnership will dissolve is:

<u>December 31, 2030</u>

5. Othermatters (optional):

6. Signatures of all general partners:

James Poulton

Lynne Poulton

19950620 0900 CX #: 10753

CORP

100.00= 100. od

C