

CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

09 APR 22 AM 8=35

SECRETARY OF STATE STATE OF IDAHO

The name of the limited partnership:				0
Stone Meadow Lawn Care	LP			········
The mailing address of	the principal office:			. *
PO Box 364, New Plymout	th, ID 83655			,,,,,,,
The name and busines:	s address of the registe	red agent:		
John H Olsen, 309 E. Ash	St., new Plymouth, ID 83655	5		
The name and mailing a	address of each genera <u>Address</u>	l partner:		
John H. Olsen, PO Box 36	4, New Plymouth, ID 83655			
Bohus Properties Corporat	tion, PO Box 364, New Plym	outh, ID 83655		
	,			
				- Carl
(If more space is needed, contin	nue in item 6.)	<u></u> _	······	
This limited partnership	[⊠ is not][□ is]a lin	nited liability li	mited partnership.	ı udmanabi — 1
[If you check that your partnership is a limited Other matters (optional)		uib uame listet eua iu ritti	or Limited Liabliny Limited Pe	Ranetatilb'l
Other matters (optional)).			**
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Signature of all general pa	rtners:			
John H Olsen John H. Olsen		Se	cretary of State use only	
John Holsen John Holsen	Typed Name Bohus Properties Corporation	(imited		
	Typed Name	Revised of		. *
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