

CERTIFICATE OF LIMITED PARTNERSHIP
OF

G & E FAMILY LIMITED PARTNERSHIP

FILED
97 DEC 10 AM 10:06
SECRETARY OF STATE
STATE OF IDAHO

This Certificate of Limited Partnership is executed by the undersigned parties pursuant to the provisions of Title 53-208 of the Idaho Limited Partnership Act.

A. Name of the Limited Partnership:

The name of the Limited Partnership is G & E FAMILY LIMITED PARTNERSHIP.

B. Registered Agent and Office Address:

The name and address of the registered agent for service of process is GAROLD L. HASKIN, Route 1, Box 103, Grangeville, Idaho, 83530.

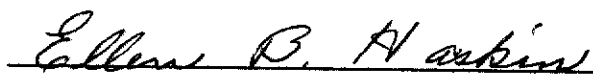
C. Name and Geographical and Mailing Address of Each General Partner:

GAROLD L. HASKIN, Route 1, Box 103, Grangeville, Idaho, 83530.
ELLEN B. HASKIN, Route 1, Box 103, Grangeville, Idaho, 83530.

D. The Latest Date Upon Which the Limited Partnership is to Dissolve:

The partnership agreement provides the partnership shall continue for 30 years from the date of this filing.


GAROLD L. HASKIN


ELLEN B. HASKIN

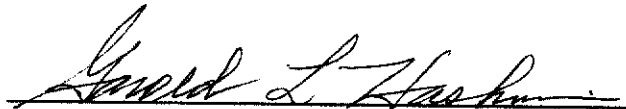
IDAHO SECRETARY OF STATE
12/10/1997 09:00
CK: 2764 CT: 90927 BH: 62390
1 @ 100.00 = 100.00 LTD PTR DM
1 @ 20.00 = 20.00 EXPEDITE C

L 3574

CONSENT TO APPOINTMENT OF REGISTERED AGENT

I, GAROLD L. HASKIN, hereby consent to serve as Registered Agent, in the State of Idaho, for the limited partnership herein named. I understand that as agent for the partnership, I am to immediately notify the Office of the Secretary of State in the event of my resignation or any change in the Registered Office address of the limited partnership for which I am agent.

DATED this 5th day of December, 1997.



GAROLD L. HASKIN
Route 1, Box 103
Grangeville, ID 83530