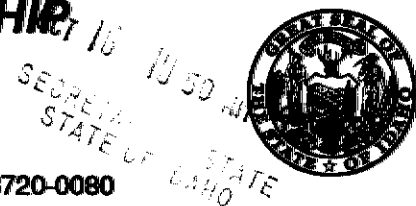


CERTIFICATE OF LIMITED PARTNERSHIP

To the: STATE OF IDAHO SECRETARY OF STATE
CORPORATIONS DIVISION
PHONE: (208) 334-2301 FAX: (208) 334-2282
700 WEST JEFFERSON, ROOM 203 • P.O. BOX 83720 • BOISE, ID 83720-0080



1. The name of the limited partnership is: MELLEN FAMILY LIMITED PARTNERSHIP
(Must include, without abbreviation, the words "Limited Partnership.")

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

CT CORPORATION SYSTEM, 300 N. 6th Street, Boise, Idaho 83701
(not a P.O. Box)

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

<u>Name</u>	<u>Address</u>
<u>Victor B. Mellen</u>	<u>1551 Cranberry Pond Trail, Victor, NY 14564</u>
<u>Anne C. Mellen</u>	<u>1551 Cranberry Pond Trail, Victor, NY 14564</u>

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

4. The latest date on which the partnership will dissolve is: December 31, 2035

5. Other matters (optional):

6. Signatures of all general partners:

[Signature]
Anne C. Mellen

Secretary of State use only
IDAHO SECRETARY OF STATE
10/16/95 9:00:00 AM
Customer # 45546
IVC960018915 16384
CORPORATION DOMESTIC LP
1 @ 100.00 = 100.00