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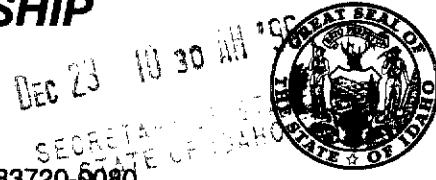
# CERTIFICATE OF LIMITED PARTNERSHIP

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 83720-6080



1. The name of the limited partnership is: McCabe Family Limited Partnership  
(Must include, without abbreviation, the words "Limited Partnership.")

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

Michael and Diana McCabe, 140 Alpine Lane, Hope, Idaho 83836  
(not a P.O. Box)

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

Name

Address

Michael McCabe

P.O. Box 377, Hope, Idaho 83836

Diana McCabe

P.O. Box 377, Hope, Idaho 83836

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

4. The latest date on which the partnership will dissolve is: December 31, 2050

5. Other matters (optional):

6. Signatures of all general partners:

D.M. McCabe  
Michael McCabe  
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\_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

DATE 12/23/1996 0900 49181

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