

CERTIFICATE OF LIMITED PARTNERSHIP

FILED EFFECTIVE

(Instructions on back of application)

10 FEB 22 AM 9: 03

SECHETARY OF STATE STATE OF IDAHO

L 6364

	The name of the limited partr	ership:
2.	The mailing address of the principal office: PO. BOX 563 HORSESHOE BEND ID, 83629	
3.	The name and business address of he registered agent: EDWIN MCREYNOLDS 133 ADAMS ST. HORSESHOE BEND ID, 83629	
l.	The name and mailing address Name CHRISTINA MCREYNOLDS	ss of each general partner: Address PO.BOX 563 HORSESHOE BEND ID, 83629
	EDWIN MCREYNOLDS	PO.BOX 563 HORSESHOE BEND ID, 83629
(H	you check that your partnership le a limited liability lin Other matters (optional):	m 6.) s not] [is] a limited liability limited partnership. lited partnership, your partnership name must end in LLLP or Limited Liability Limited Partnership.] % OWNER IN THIS PARTNERSHIP