

# CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)



1. The name of the limited partnership is: Soderquist Family Limited  
Partnership

2. The name and business address of the registered agent are:  
Lyle R. Soderquist 494 North 1200 West, Blackfoot, ID 83221  
(not a P.O. Box)

3. The name and business address of each general partner are:	
<u>Name</u>	<u>Address</u>
<u>Lyle R. Soderquist</u>	<u>494 North 1200 West, Blackfoot, ID 83221</u>
<u>Krista Soderquist</u>	<u>494 North 1200 West, Blackfoot, ID 83221</u>

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

4. Other matters (optional):

5. Signatures of all general partners:  
Lyle R. Soderquist  
Krista Soderquist

FILED  
98 DEC 31 AM 11:17  
SECRETARY OF STATE  
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g:\corpforms\CLP.pmf Revised 7/97

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12/31/1998 09:00

CK: 2035 CT: 95414 BN: 174786

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