

CERTIFICATE OF LIMITED PARTNERSHIP

To the Secretary of State of Idaho,
Statehouse, Boise, Idaho 83720

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

2. The name and business address of the registered agent are:
James M. Retmier, M.D., 1173 Hankins Road, Twin Falls, ID 83301
(not a P.O. Box)

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

<u>Name</u>	<u>Address</u>
<u>James M. Retmier, M.D.</u>	<u>1173 Hankins Road, Twin Falls, ID 83301</u>

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

4. The latest date on which the partnership will dissolve is: 12/31/2050

5. Other matters (optional):

6. Signatures of all general partners:
James M Retmier
James M. Retmier, M.D.

Secretary of State use only
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