



# CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

2002-02-12 05:55

1. The name of the limited partnership is: THE STORER FAMILY LIMITED PARTNERSHIP

2. The name and business address of the registered agent are:  
GALE T. STORER 2968 N. HOLMES AVE., IDAHO FALLS, IDAHO 83401

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

| Name                      | Address  |
|---------------------------|--|
| <u>GALE T. STORER</u>     | <u>2968 N. HOLMES AVE., IDAHO FALLS, IDAHO 83401</u> |
| <u>TRISHA RENE STORER</u> | <u>2968 N. HOLMES AVE., IDAHO FALLS, IDAHO 83401</u> |

(If more space is needed, continue in item 4.)

4. Other matters (optional):

5. Signature of all general partners:

GALE T. STORER

Typed Name

TRISHA RENE STORER

Typed Name

Typed Name

Typed Name

Typed Name

Secretary of State use only

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 Revised 01/2001  
 Web Form

 IDAHO SECRETARY OF STATE  
 12/02/2002 05:00  
 CK: 2211 CT: 162603 BH: 648701  
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