



CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

2002 JAN 20 11:05:55

FILE
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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:

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

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

4. Other matters (optional):

5. Signature of all general partners:

Gale T. Storer
Trisha Rene Storer

GALE T. STORER

Typed Name

TRISHA RENE STORER

Typed Name

Typed Name

Typed Name

Secretary of State use only

g:\corp\forms\ipforms\certftp.p65

Revised 01/2001

Web Form

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