

L 2639

CERTIFICATE OF LIMITED PARTNERSHIP

To the: STATE OF IDAHO SECRETARY OF STATE
CORPORATIONS DIVISION

DEC 30 10 26 AM



PHONE: (208) 334-5355 FAX: (208) 334-2282
700 WEST JEFFERSON, ROOM 203 • P.O. BOX 83720 • BOISE, ID 83720-0080

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is:

(Must include, without abbreviation, the words "Limited Partnership.")

RALPH HUSKINSON FAMILY LIMITED PARTNERSHIP

2. The name and business address of the registered agent are:

Ralph Huskinson, 44 South 2nd East, Rexburg, Idaho 83440

(not a P.O. Box)

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

Name

Address

Ralph Huskinson

44 South 2nd East, Rexburg, Idaho 83440

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

4. The latest date on which the partnership will dissolve is:

December 31, 2016

5. Other matters (optional):

6. Signatures of all general partners:

Ralph Huskinson
Ralph Huskinson

Secretary of State use only

IDAHO SECRETARY OF STATE

19941230 0900 53133 2

CK #: 3168 CUST#: 2552

CORP

1@ 100.00= 100.00

: C