## CERTIFICATE OF LIMITED PARTNERSHIP FILED

(Instructions on back of application) 17 3 5% PH \*98

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		¢+	\$					
1.	The name of the limited partne	rship is: 30	anie	I LIMITE	D PARTNERSHIP			
2.	The name and business addres	s of the reg	istered a	agent are				
	Elmer Stahle, HC 79, Box 21 (not a P.O. Box)	40. Oreana	. Idaho	83650	<del></del>	·		
3.	The name and business addres Name	s of each g Address	eneral pa	artner are	<b>:</b> :			
	Stahle, LLC	HC 79, Bo	x 2140,	Oreana,	Idaho 83650			
							1 %	
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	•		<del></del>				,	
	(If more space is needed, continue in item 5.)			<del>•</del>				
4.	Other matters (optional):	÷					:	
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					INNO SECRETARY OF			
	Signatures of all general partners:			<del> ,</del>	1 EFEN/198			
	Stahle, LLC	4	<del></del>	Revised 7/97	CX: 3687 CT: 85549 BH: 171343			
By:	Elmer Stahle, Member	ack	į.	•			1 2	
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