

CERTIFICATE OF LIMITED PARTNERSHIP

RECORDED
SEC. OF STATE
34 FEB 84
To the Secretary of State of Idaho,
Statehouse, Boise, Idaho 83720
MAY 8 52



1. The name of the limited partnership is: THE WALLACE REED AND LEONA REED
FAMILY LIMITED PARTNERSHIP

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

Wallace Reed, 4985 East Comish Drive, Idaho Falls, Idaho 83406
(not a P.O. Box)

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

| <u>Name</u> | <u>Address</u> |
|---------------------|---|
| <u>Wallace Reed</u> | <u>4985 East Comish Drive, Idaho Falls, Idaho 83406</u> |
| <u>Leona Reed</u> | <u>4985 East Comish Drive, Idaho Falls, Idaho 83406</u> |

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

4. The latest date on which the partnership will dissolve is: December 31, 2023

5. Other matters (optional):

6. Signatures of all general partners:

Wallace Reed
Wallace Reed
Leona Reed
Leona Reed

Secretary of State use only

IDAHO SECRETARY OF STATE

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