

CERTIFICATE OF LIMITED PARTNERSHIP STATE OF 10AHO

00 DEC-6 AM 8:54

| The name of the limited partnership is: | Family Limited Partnership |
|---|--|
| The name and business address of the registe | ered agent are: |
| Ember Talbot, 14780 East Black Lake Road, St. Maries, ID 8. | 3861 |
| (not a P.O. Box) | *************************************** |
| The name and business address of each gene Name Address | eral partner are: |
| Ember Talbot, 14780 East Black Lake Road, St. Maries, ID | 83861 |
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| | |
| (If more space is needed, continue in item 5.) | |
| Other matters (optional): | |
| None | |
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| Circums of all appears | |
| Signatures of all general partners: Emba M. Talbot | Secretary of State use only |
| | IDANO SECRETARY OF STATE |
| | 12/86/2888 89:88 CX: 2392 CT: 183679 3H: 364949 |
| | |
| | 1 9 100.00 = 100.00 LTP PTR DM 8 1 0 20.00 = 20.00 EXPEDITE C 8 |

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