FILED EFFE

# CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

FEB 18 AM 8:34

STATE
IDAHO

1. The name of the limited partnership is: Ben Gomm Family Limited Partnership

2. The name and business address of the registered agent are:
Dorene Gomm, 1554 N. 700 E. Shelley, ID 83274

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

| Name | Address |
|---|---|
| Ben Parker Gomm | 1554 N. 700 E. Shelley, ID 83274 |
| Dorene Engle Gomm | 1554 N. 700 E. Shelley, ID 83274 |

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

4. Other matters (optional):

5. Signature of all general partners:

Ben P. Gomm
Ben Parker Gomm
Typed Name

Dorene Engle Gomm
Dorene Engle Gomm
Typed Name

Typed Name

Typed Name

g:\corp\forms\ipforms\certoflp.p65
Revised 01/2001
Web Form

Secretary of State use only

L 5170

IDAHO SECRETARY OF STATE
02/18/2004 05:00
CK: 3855 CT: 176646 BH: 728002
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