

CERTIFICATE OF LIMITED PARTNERSHIP FILED

To the: STATE OF IDAHO SECRETARY OF STATE
CORPORATIONS DIVISION

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



92 DEC 28 AM 11:49

STATE OF IDAHO

1. The name of the limited partnership is: _____

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

THE LOUISE CLEMENT LIMITED PARTNERSHIP

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

Louise Clement, 1002 West Elva, Idaho Falls, ID 83402

(not a P.O. Box)

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

Name

Address

R & L CLEMENT, LLC

1002 West Elva, Idaho Falls, ID 83402

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

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

12/31/2050

5. Other matters (optional):

6. Signatures of all general partners:

R & L CLEMENT, LLC

By: _____

Louise Clement, Manager and Member

Secretary of State use only

84276

IDAHO SECRETARY OF STATE

12/23/1999 09:00
CX: 1596 CT: 113824 BH: 275956

1 - \$ 100.00 = 100.00 REG FOR LP # 2