

CERTIFICATE OF LIMITED PARTNERSHIP

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



FILED/EFFECTIVE
MAY 10 AM 9:03
STATE OF IDAHO

1. The name of the limited partnership is:

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

THE GALE AND ELLEN LIMITED PARTNERSHIP

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

Gale W. Clement, 104 N. Lewisville Highway, Lewisville, Idaho 83431

(not a P.O. Box)

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

Name	Address
The Gale W. and Ellen C. Clement Limited Partnership	104 N. Lewisville Hwy., Lewisville, Idaho 83431
Gale W. Clement	104 N. Lewisville Hwy., Lewisville, Idaho 83431
Ellen C. Clement	104 N. Lewisville Hwy., Lewisville, Idaho 83431

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

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

12/31/2055

5. Other matters (optional):

6. Signatures of all general partners:

The Gale W. and Ellen C. Clement Limited Partnership

By: Gale W. Clement Enterprises, LLC, GP

By: Gale W. Clement, Manager

Gale W. Clement

Ellen C. Clement

Secretary of State use only
IDAHO SECRETARY OF STATE

05/10/2000 09:00
CX: 1052 CT: 72542 DN: 316694

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