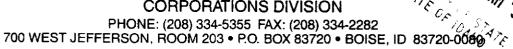
CERTIFICATE OF LIMITED PARTNERSHIP
To the: STATE OF IDAHO SECRETARY OF STATES OF STATE





1.	The name of the limited partnership is: (Must include, without abbreviation, the words "Limited Partnership.")
	THE REED LIMITED PARTNERSHIP
2.	The name and business address of the registered agent are:
	Wallace Reed, 4985 E. Comish Drive, Idaho Falls, Idaho 83406
	(not a P.O. Box)
3.	The name and business address of each general partner are:
Ψ.	Name Address
	Wallace Reed 4985 E. Comish Drive
	Idaho Falls, Idaho 83406
	Leona Reed 4985 E. Comish Drive
	Idaho Falls, Idaho 83406
	(If more space is needed, continue in item 5.)
4.	The latest date on which the partnership will dissolve is: December 31,, 2050
5.	Othermatters (optional):
J.	Other matters (optional).
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6	Signatures of all general partners:
0.	Secretary of State use only
	Wallace Reed IDAHO SECRETARY OF STATE DATE 11/25/1996 0900 41541
	2
,	CK #: 7345 CUST# 2367
(LTD PTR DM 1@ 100.00= 100.00