

L 3246

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



Nov 21 8 41 AM '96
SECRETARY OF STATE OF IDAHO

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:

<u>Name</u>	<u>Address</u>
<u>Wallace Reed</u>	<u>4985 E. Comish Drive</u> <u>Idaho Falls, Idaho 83406</u>
<u>Leona Reed</u>	<u>4985 E. Comish Drive</u> <u>Idaho Falls, Idaho 83406</u>

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

4. The latest date on which the partnership will dissolve is: December 31, 2050

5. Other matters (optional):

6. Signatures of all general partners:

Wallace Reed
Wallace Reed

Leona Reed
Leona Reed

Secretary of State use only

IDAHO SECRETARY OF STATE

DATE 11/25/1996 0900 41541

2

CK #: 7345 CUST# 2367

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