

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 83720-0980

DEC 30 AM 11:52
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is: _____
(Must include, without abbreviation, the words "Limited Partnership.")
THE DIANE FUNK AND LANCE FUNK LIMITED PARTNERSHIP

2. The name and business address of the registered agent are:
DIANE A. FUNK, 1233 IDANHA, AMERICAN FALLS, IDAHO 83211
(not a P.O. Box)

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

<u>Name</u>	<u>Address</u>
<u>DIANE A. FUNK</u>	<u>1233 Idanha, American Falls, Idaho 83211</u>
<u>LANCE D. FUNK</u>	<u>3853 Rast Road, American Falls, Idaho 83211</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:

Diane A. Funk
Diane A. Funk

Lance D. Funk
Lance D. Funk

Secretary of State use only
IDAHO SECRETARY OF STATE
12/30/1998 09:00
CK: 902 CT: 90312 DN: 174353
1 @ 100.00 = 100.00 LTD PTR DN # 2
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