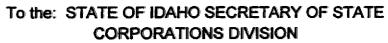
L 3394

CERTIFICATE OF LIMITED PARTNERSHIP





PHONE: (208) 334-2301 FAX: (208) 334-2847 700 W JEFFERSON PO BOX 83720 BOISE ID 83720-0080

1.	1. The name of the limited partnership is:	Z Limited Partnership	
2.	. The name and business address of the registered agent are: Brian B. Thomas, 113 Galena Way, Sawtooth City, ID 83278 (not a P.O. Box)		
3.	. The name and business address of each general partner are: Name Address		
	Brian B. Thomas 113 Galena Way, Saw	tooth City, Idaho	
	Patricia E. Thomas 113 Galena Way, Saw	tooth City, Idaho	
	(If more space is needed, continue in item 5.)		
4.	4. The latest date on which the partnership will dissolve is: \perp	The latest date on which the partnership will dissolve is: 12-31-2050	
5.	Other matters (optional):		
	α		
6	6. Signatures of all general partners:		
.	Brian B? Thomas X Atutio E. Thomas	Secretary of State MANUFINECRETARY OF STATE DATE 03/31/1997 0900 78092 2 CK #: 13242 CUST# 2053 LTD PTR DM 18 100.00= 100.0	