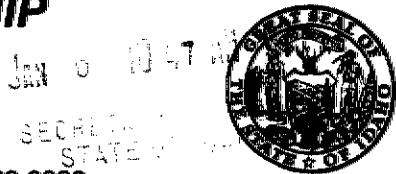


L 3323

# 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



1. The name of the limited partnership is: \_\_\_\_\_  
(Must include, without abbreviation, the words "Limited Partnership.")  
THE RALPH R. AND BETH POCOCK FAMILY LIMITED PARTNERSHIP
2. The name and business address of the registered agent are:  
Ralph R. Pocock, 2720 North 5000 East, Sugar City, Idaho 83448  
(not a P.O. Box)
3. The name and business address of each general partner are:  

<u>Name</u>	<u>Address</u>
<u>Ralph R. Pocock Farms, Inc.</u>	<u>2720 North 5000 East, Sugar City, Idaho 83448</u>
<u>The Ralph R. Pocock and 2720 North 5000 East, Sugar City, Idaho 83448</u>	
<u>Beth Pocock Family Trust</u>	

(If more space is needed, continue in item 5.)
4. The latest date on which the partnership will dissolve is: 12/31/2050
5. Other matters (optional):

6. Signatures of all general partners:

The Ralph R. Pocock and Beth Pocock  
Family Trust

By: Ralph R. Pocock, Grantor and Trustee  
By: Beth Pocock, Grantor and Trustee

Ralph R. Pocock Farms, Inc.

By: Ralph R. Pocock President

Secretary of State use only  
IDAHO SECRETARY OF STATE  
DATE 01/06/1997 0900 52376  
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CK #: 7610 CUST# 2367  
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