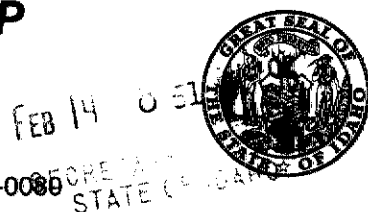


23025

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: MACDONALD FAMILY LIMITED PARTNERSHIP
(Must include, without abbreviation, the words "Limited Partnership.")

2. The name and business address of the registered agent are:

Donald W. Macdonald 109 W. Honeysuckle Avenue Hayden, ID. 83835-2636
(not a P.O. Box)

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

<u>Name</u>	<u>Address</u>
<u>Donald W. Macdonald</u>	<u>P.O. Box 2636</u> <u>Hayden, ID. 83835-2636</u>
<u>Claudia M. Macdonald</u>	<u>P.O. Box 2636</u> <u>Hayden, ID. 83835-2636</u>

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

4. The latest date on which the partnership will dissolve is: December 31, 2025

5. Other matters (optional):

6. Signatures of all general partners:

Donald W. Macdonald
DONALD W. MACDONALD
Claudia M. Macdonald
CLAUDIA M. MACDONALD

Secretary of State use only

IDAHO SECRETARY OF STATE
DATE 02/14/1996 0900 37800
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