

# CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED  
OCT 29 11 2:57  
STATE OF IDAHO

1. The name of the limited partnership is: **ROBERT KEEGAN FAMILY LIMITED PARTNERSHIP**

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

**Robert Keegan, 893 Sunway North, Twin Falls, ID 83301**  
(not a P.O. Box)

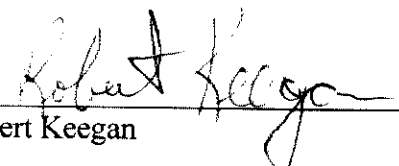
3. The name and business address of each general partner are:

<u>Name</u>	<u>Address</u>
<b>Robert Keegan</b>	<b>893 Sunway North Twin Falls, ID 83301</b>
<b>Janet Keegan</b>	<b>893 Sunway North Twin Falls, ID 83301</b>

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

4. Other matters (optional):

5. Signatures of all general partners:

  
\_\_\_\_\_  
Robert Keegan

  
\_\_\_\_\_  
Janet Keegan

IDAHO SECRETARY OF STATE

10/29/1999 09:00  
CK: 20352 CT: 2053 DN: 262131

1 @ 100.00 = 100.00 LTD PTR DN # 2

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