CERTIFICATE OF LIMITED PARTNERSHIP

To the: STATE OF IDAHO SECRETARY OF STATE CORPORATIONS DIVISION



PHONE: (208) 334-5355 FAX: (208) 384-22826 700 WEST JEFFERSON, ROOM 2035 FM BOX-83720 • BOISE, ID 83720-0080

The name of the limited p	partnership is: BARLEY FAMILY LIMITED PARTNERSHIP		
	(Must include, with	nout abbreviation, the words	"Limited Partnership.")
	address of the registered age 9 Moonglow, Pocatello Id		
(not a P.O. Box)			
The name and business a	iddress of each general part	ner are:	
<u>Name</u>	<u>Address</u>		
Ted R. Barley	789 Vista West	Thayne, Wyoming	83127
Norma Jane Barley	789 Vista West	Thayne, Wyoming	83127
(If more space is needed, continue in	n item 5.)		
· ·	he partnership will dissolve i	s: April 30, 20	29
Other matters (optional):	N/A		
outor matter o (optional).			
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Signatures of all general p	pariners:	Secretary of S	tate use only

Norma Jane Barley

100.00

IDAHO SECRETARY OF STATE

CK #: 1919017 CUST# 46281

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