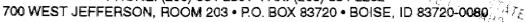
CERTIFICATE OF LIMITED PARTNERSHIP To the: STATE OF IDAHO SECRETARY OF STATE CORPORATIONS DIVISION SECRETARY OF STATE ORDERATIONS DIVISION SECRETARY OF STATE ORDERATIONS DIVISION

PHONE: (208) 334-2301 FAX: (208) 334-2282





1.	The name of the limited partnership is: <u>Cloverpark Limited Partnership</u> (Must include, without abbreviation, the words "Limited Partnership.")
2.	The name and business address of the registered agent are:
	CT Corporation Systems, 300 N. 6th Street, Boise, Idaho 83701 (not a P.O. Box)
3.	The name and business address of each general partner are: Name Address
	Richard A. Kroll 2425 Clover Street, Rochester, New York 14618
	Pamela A. Kroll 2425 Clover Street, Rochester, New York 14618
,Al	(if more space is needed, continue in item 5.) The latest date on which the partnership will dissolve is
5.	Othermatters (optional):
e	Signatures of all general partners:
0.	Signatures of all general partners: Secretary of State use only IDAHO SECRETARY OF STATE DATE 01/05/1996 0900 27553 CK #: 2969 CUST# 45546 LTD PTR DM 1@ 100.00= 100.00