L 3230

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

Nov 12
SECRETA
STATE O

1. The name of the limited partnership is: _____
(*Must include, without abbreviation, the words "Limited Partnership."*)
Arden G. Klingler Family Limited Partnership

2. The name and business address of the registered agent are:
Arden G. Klingler, 2139 N. 6000 W., Rexburg, ID 83440
(not a P.O. Box)

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

Name	Address
Arden G. Klingler	2139 N. 6000 W., Rexburg, ID 83440
Pearl B. Klingler	2139 N. 6000 W., Rexburg, ID 83440

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

4. The latest date on which the partnership will dissolve is: December 31, 2021

5. Other matters (optional):

6. Signatures of all general partners:
Arden G Klingler
Pearl B Klingler

Secretary of State use only
IDAHO SECRETARY OF STATE
DATE 11/12/1996 0900 3[illegible]48
CK #: 6572 CUST# 25[illegible]
LTD PTR DM
1@ 100.00= 100.00

CLP793 *File in Duplicate Original* Fee: $100