L 3280

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: Kromrei Family Limited Partnership
(Must include, without abbreviation, the words "Limited Partnership.")

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

Colleen M. Kromrei 6700 Wright, Boise, Idaho 83709
(not a P.O. Box)

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

Name	Address
Colleen M. Kromrei	6700 Wright, Boise, Idaho 83709

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

4. The latest date on which the partnership will dissolve is: December 31, 2006

5. Other matters (optional):

DEC 20 2 15 PM '96
SECRETARY OF STATE
STATE OF IDAHO

6. Signatures of all general partners:

By: Colleen M Kromrei
Colleen M. Kromrei

Secretary of State use only
IDAHO SECRETARY OF STATE
DATE 12/20/1996 0900 48910
2
CK #: 9888 CUST# 12065
LTD PTR DM
1@ 100.00= 100.00
EXPEDITE C 1@ 20.00= 20.00

CLP793 *File in Duplicate Original* Fee: $100