IVI



CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

05 DEC 29 AM 10: 25

SECTE : F STATE STATE OF IDAHO

| 1. | The name of the limited partnership is: | Kiser Family Limited Partnership |
|----|--|---------------------------------------|
| 2. | The name and business address of the James W. Kiser, 619 Queens Guard Way, Bois | · · · · · · · · · · · · · · · · · · · |
| 3. | The name and business address of each Name Address Kiser Investments, Inc. 619 Queens Guard | T |
| 4. | (If more space is needed, continue in item 4.) Other matters (optional): | |
| | | |
| 5. | Signature of all general partners: Kiser Investre Typed Name Alfred Kiser, Typed Name Typed Name Typed Name | President 100H0 SECRETARY OF STATE |