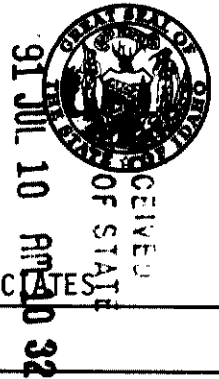


# CERTIFICATE OF LIMITED PARTNERSHIP

To the Secretary of State of Idaho,  
Statehouse, Boise, Idaho 83720



1. The name of the limited partnership is: THE LOWELL DEAN BROWNING ASSOCIATES  
FOURTH LIMITED PARTNERSHIP

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

LOWELL D. BROWNING  
5013 HILLSIDE AVENUE, BOISE, IDAHO 83703

(not a P.O. Box)

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

Name

Address

LOWELL D. BROWNING

5013 HILLSIDE AVENUE, BOISE, IDAHO 83703

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

4. The latest date on which the partnership will dissolve is: TWENTY - FIVE YEARS FROM  
DATE OF FORMATION

5. Other matters (optional):

6. Signatures of all general partners:

Lowell D. Browning  
\_\_\_\_\_  
\_\_\_\_\_

Secretary of State use only