CERTIFICATE OF LIMITED PARTNERSHIP

To the: STATE OF IDAHO SECRETARY OF STATE CORPORATIONS DIVISION 50 PHONE: (208) 334-2301 FAX: (208) 334-2282 700 WEST JEFFERSON, ROOM 203 • P.O. BOX 83720 • BOISE, ID 83720-0080 KEENAN FAMILY LIMITED PARTNERSHIP 1. The name of the limited partnership is: (Must include, without abbreviation, the words "Limited Partnership.") 2. The name and business address of the registered agent are: CT CORPORATION SYSTEM 300 North 6th Street, Boise, Idaho 83701 (not a P.O. Box) 3. The name and business address of each general partner are: Address <u>Name</u> Fairport, NY 14450 17 Sylvan Glen Richard H. Keenan Fairport, NY 14450 17 Sylvan Glen Sally M. Keenan (If more space is needed, continue in item 5.) December 31, 2040 4. The latest date on which the partnership will dissolve is: 5. Othermatters (optional): 6. Signatures of all general partners: Secretary of State use only IDANO SECRETARY OF STATE 7/3/95 9:00:00 AM Customer # 45546 IVC960000417 16384

COMPORATION CERTIFIED LP 1 0 100.00 = 100.00