## **CERTIFICATE OF LIMITED PARTNERSHIP**

99 MAY -7 AM 8: 49 (Instructions on back of application)



SECRETARY OF STATE STATE OF IDAHO FILED

1.	. The name of the limited partnership is: SLM	Limite	d Partr	ersh	ip		
				_			
2.	The name and business address of the registered agent are:						
		North	Riffle	Way,	Boise,	ID	83703
	(not a P.O. Box)						
3.	. The name and business address of each gener	ral partn	er are:				
	Name Address		_!				02702
	Samuel L. Mitchell 5501	North	Riffle	way,	Boise,	10	83/03
	Sydney Lynne Mitchell 5501	North	Riffle	Way,	Boise,	ID	83703
	(If more space is needed, continue in item 5.)						
4.	. Other matters (optional):				•		
	, t						
							4
	•						
5	i. Sio <b>∂</b> atures of all general partners:			-	SETSBY SE ST	DIF	

Signatures of all general partners:

Semuel & Mithell

Sudukey S. Mitaball

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