

CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)



01 JUN 18 AM 09:00
STATE OF IDAHO

1. The name of the limited partnership is: Rose C. Wills Limited Partnership

2. The name and business address of the registered agent are:
Rose C. Wills, 2069 Julie Lane, Twin Falls, Idaho 83301
(not a P.O. Box)

<u>Name</u>	<u>Address</u>
Rose C. Wills	2069 Julie Lane, Twin Falls, Idaho 83301

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

4. Other matters (optional):

5. Signatures of all general partners:

Rose C. Wills
Rose C. Wills

g:\corp\forms\CLP.pms Revised 7/97

IDAHO SECRETARY OF STATE
 Secretary of State use only
 01/18/2001 09:00
 CK: 3126 CT: 141010 BH: 373448
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