CERTIFICATE OF LIMITED PARTNERSHIP & 4

To the: STATE OF IDAHO SECRETARY OF STATE

CORPORATIONS DIVISION

PHONE: (208) 334-2301 FAX: (208) 334-2282 700 WEST JEFFERSON, ROOM 203 • P.O. BOX 83720 • BOISE, ID 83720-0080

1.	The name of the limited partnership is: Money (Must include, with Partnership)				For Nothing, Limited hout abbreviation, the words "Limited Partnership.")			
2.	The name and business address of the registered agent are:							
	Kent Lind (nota P.O. Box)	264 (Clearvue	<u> </u>	Meridian,	Idaho	83642	
3.	The name and business address of each general partner are: Name Address							
	Cloud Nine, Inc.	264 (Clearvue		Meridian,	Idaho	83642	
	4							
4.	(If more space is needed, continue in iter The latest date on which the p		nip will dissolve	is:	November	15, 20	45	
5.	Othermatters (optional):		· •					
6.	Signatures of all general partners: Cloud Nine, Inc. by: Its President				Secretary of State use only IDAHO SECRETARY OF STATE DATE 02/07/1996 0900 36137 CK #: 1911 CUST# 64910 LTD PTR DM 1@ 100.00= 100.00			
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