13197

Fee: \$100

CERTIFICATE OF LIMITED PARTINERSHIP

To the: STATE OF IDAHO SECRETARY OF STATE AND STATE OF IDAHO SECRETARY OF STATE OF IDAHO

CORPORATIONS DIVISIONS TATE OF IDAHO

PHONE: (208) 334-2301 FAX: (208) 334-2847

700 W JEFFERSON PO BOX 83720 BOISE ID 83720-0080



1.	The name of the limited partnership is: PHILLIPI STREET LIMITED PARTNE	RSHI	<u>P</u>
2.	The name and business address of the registered agent are:	•	
	JOHN A. WALSH, 2349 N. BROADVIEW PLACE, BOISE, ID 83702 (not a P.O. Box)		· · · · · ·
3.	The name and business address of each general partner are: Name Address		
	JAMES GIOVINO, 25500 HAWTHORNE BLVD., #2500, TORRANCE, CA	905	0.5
		,	•
4	(If more space is needed, continue in item 5.) The latest date on which the partnership will dissolve is: OCTOBER 1, 2011		· ·
4.	The latest date of which the partiers hip will dissolve is.		1
5.	Other matters (optional):	;	1
			,
			† i
6.	Signatures of all general partners:		
	DATE 09/23/1996		OF STATE 26892
	CK #: 3549 L.TD 1@ 100.00=	PTR	62142 DM DO. OO
<u> </u>	#:		

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