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STATE OF IDAHO)) ss. County of Twin Falls)

We, the undersigned, desiring to form a limited partnership pursuant to the laws of the State of Idaho, certify as follows:

Ι

The name of the partnership is CONSOLIDATED MEAL LIMITED PARTNERSHIP.

II

The purpose of the partnership is to establish and operate the business of rendering animal by-products, and any other lawful business.

III

The principal place of business of the partnership is Route #5, Orchard Drive, Twin Falls, Idaho 83301.

IV

The name and place of residence of the general partner interested in the partnership is as follows:

Consolidated Meal Corporation Route #5 Twin Falls, Idaho 83301 Patrick Florence is the registered agent at that address.

The name and place of residence of each limited partner interested in the partnership are as follows:

Patrick Florence	Route #5 Twin Falls, Idaho 83301
John Francis Florence	510 Rosewood Drive Twin Falls, Idaho 83301
William J. Loughmiller	Route #1, Box 4421 Twin Falls, Idaho 83301

CERTIFICATE - 1.

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VI

The amount of cash contributed by each limited partner is as follows:

Patrick Florence	\$4,000.00	
John Francis Florence	\$4,000.00	
William J. Loughmiller	\$4,000.00	

VII

Each limited partner shall make an additional cash contribution of \$5,000.00 on or before January 31, 1986.

VIII

The partnership shall continue perpetually or until terminated as provided in the Partnership Agreement.

IX

The share of the profits shall be made to the limited partners in proportion of their capital interest in the partnership.

Х

A limited partner has the right to give or assign all or a part of his interest in the partnership subject to Article XI of the Partnership Agreement, which requires a written offer to sell said partner's interest first to the partnership, and, second, to the remaining partners, prior to the proposed gift or assignment upon the price and terms of the proposed sale, gift or assignment. Upon death, the price is a previously set figure, and the partners are required to buy out the deceased's limited partnership interest.

XI

Upon the death, incapacity, withdrawal, or bankruptcy of the general partner, the remaining partners shall have the right to continue the partnership business by electing to so continue the business and by selecting a successor general partner. The deceased or retiring partner's interest in the partnership shall be purchased by the partnership at a predetermined price agreed upon by the partners with due adjustments for profits and losses during the fiscal year of his death or retirement, and adjustments for contributions and withdrawals during the period up until the date of his retirement.

DATED this /2 day of August, 1985.

dated Meal Corporation

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GENERAL PARTNER

Florence J ohn Francis William

LIMITED PARTNERS

CERTIFICATE - 3.

STATE OF IDAHO

ss.

County of Twin Falls

On this <u>/2</u> day of August, 1985, before me, the undersigned, a Notary Public in and for said State, personally appeared PATRICK FLORENCE, known to me to be the President of CONSOLIDATED MEAL CORPORATION, the corporation whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same on behalf of said corporation.

K .

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.

J. WALTER SINCLAIR the a NOTARY PUBLIC - STATE OF IDAHO Reviding at Twin Falls, Idaha DTARY PUBLIC Commission Expires 6-2-91

STATE OF IDAHO)) ss. County of Twin Falls)

On this <u>/2</u> day of August, 1985, before me, the undersigned, a Notary Public in and for said County and State, personally appeared PATRICK FLORENCE, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

NOTARY PUBLIC - STATE OF IDAHONOLARY PUBLI J. WALTER SINCLAIR Residing at Twin Falls, Idaho Commission Expires 6-2-91

CERTIFICATE - 4.

STATE OF IDAHO)) ss. County of Twin Falls)

On this <u>/2</u> day of August, 1985, before me, the undersigned, a Notary Public in and for said County and State, personally appeared JOHN FRANCIS FLORENCE, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

J. WALTER SINCLAIR NOTARY PUBLIC - STATE OF IDAHO Residing at Twin Falls, Idaho Commission Expires 6-2-91 C

STATE OF IDAHO)) ss. County of Twin Falls)

On this /2 day of August, 1985, before me, the undersigned, a Notary Public in and for said County and State, personally appeared WILLIAM J. LOUGHMILLER, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

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J. WALTER SINCLAIR PROTARY PUBLIC - STATE OF HUTHO Residing at Twin Fully, Idua Commission Expires 6-2-91	OTARY PUBLIC	<u>~~~</u>

CERTIFICATE - 5.