

L 2737

CERTIFICATE OF LIMITED PARTNERSHIP

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: SCHWARZ FAMILY LIMITED PARTNERSHIP
(Must include, without abbreviation, the words "Limited Partnership.")

2. The name and business address of the registered agent are:
CT Corporation System, 300 North 6th St. Boise, Idaho 83701
(not a P.O. Box)

3. The name and business address of each general partner are:

Name	Address
William M. Schwarz	P.O. Box 587 Ontario, NY 14519
Elizabeth H. Schwarz	P.O. Box 587 Ontario, NY 14519

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

4. The latest date on which the partnership will dissolve is: March 20, 2040

5. Other matters (optional):

6. Signatures of all general partners:

William M. Schwarz

Elizabeth H. Schwarz

Secretary of State use only

IDAHO SECRETARY OF STATE

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