

FILED/EFFECTIVE  
OCT 25 2002 9:33  
SECRETARY OF STATE



# CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

1. The name of the limited partnership is: CAMELOT FAMILY LIMITED PARTNERSHIP

2. The name and business address of the registered agent are:  
DANIEL SCHWAB 329 S. WOODRUFF IDAHO FALLS, IDAHO 83401

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

<u>Name</u>	<u>Address</u>
DANIEL SCHWAB	329 S. WOODRUFF IDAHO FALLS, IDAHO 83401
KRISTI SCHWAB	329 S. WOODRUFF IDAHO FALLS, IDAHO 83401

(If more space is needed, continue in item 4.)

4. Other matters (optional):

5. Signature of all general partners:

	DANIEL SCHWAB
	Typed Name KRISTI SCHWAB
_____	Typed Name
_____	Typed Name
_____	Typed Name

Secretary of State use only

g:\corp\forms\forms\certfilp.p65  
Revised 01/2001

IDAHO SECRETARY OF STATE  
10/25/2002 05:00  
OX: 5660 CT: 38345 BH: 642E94  
1 @ 100.00 = 100.00 LTD PTR DM # 2

Web Form

L 4938