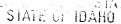
FILED/EFFECTIVE

CERTIFICATE OF LIMITED PARTNERSHIP (Instructions on back of application) STATE OF IDAHO





1.	The name of the limited partnership is: <u>HOWARD_WILSON_FAMILY_LIMITED</u>
	PARTNERSHIP
	The name and business address of the registered agent are: HOWARD WILSON, BOX 86, BELL CANYON ROAD, HARRISON, ID 83833
3.	(not a P.O. Box) The name and business address of each general partner are: Name HOWARD WILSON, TRUSTEE OF THE HOWARD WILSON LIVING TRUST U/A 01/24/02 HARRISON ID 83833
4.	(If more space is needed, continue in item 5.) The latest date on which the partnership will dissolve is: 50 YEARS FROM THE FILING OF THIS CERTIFICATE
5.	Other matters (optional):
6	Signatures of all general partners: Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE D2/01/2002 05:00 CK: 45688 CT: 3544 BH: 443573 1 @ 160.00 = 20.00 EXPEDITE C # 3
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