

CERTIFICATE OF LIMITED PARTNERSHIP

02 FEB -1 AM 8:43

(Instructions on back of application)

STATE OF IDAHO



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

2. The name and business address of the registered agent are:
HOWARD WILSON, BOX 86, BELL CANYON ROAD, HARRISON, ID 83833
 (not a P.O. Box)

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

Name	Address
HOWARD WILSON, TRUSTEE OF THE HOWARD WILSON LIVING TRUST U/A 01/24/02	BOX 86, BELL CANYON RD HARRISON ID 83833

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

4. 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:

Howard Wilson Trustee
 HOWARD WILSON, TRUSTEE

Secretary of State use only

IDAHO SECRETARY OF STATE
 02/01/2002 05:00
 CK: 45600 CT: 3544 BH: 443573
 1 @ 100.00 = 100.00 LTD PTR DM # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

L 4805