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**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
A COLORADO LIMITED PARTNERSHIP**

I/We the undersigned general partner(s), intending to form a Colorado Limited Partnership under the Colorado Uniform Limited Partnership Act of 1981, execute the following Certificate of Limited Partnership:

FIRST: The name of the Limited Partnership is _____

The Simonson Family Limited Partnership, RLLP

SECOND: The street address in Colorado of the agent for service of process is _____

90 South Cascade Avenue, Suite 1140, Colorado Springs, Colorado 80903

and the name of the registered agent at such address is _____

Thomas M. James

THIRD: There are at least two (2) partners in the partnership and is at least one (1) is a limited partner.

FOURTH: The name and business, residence or mailing address of each **general partner** is:

NAME

ADDRESS

Roy Simonson

2845 Janitell Road, Colorado Springs, CO
80906

SIGNATURE(S) OF ALL GENERAL PARTNER(S)


Roy Simonson

COMPUTER UPDATE COMPLETE
CRB

Revised 7/95