

17
RECORDING REQUESTED BY
Ernest C. Pinza, Esq.
14103 Winchester Blvd. , Ste. G
Los Gatos, CA 95032

WHEN RECORDED MAIL TO:

✓
ERNEST C. PINZA, ESQ.
SCHNEIDER, PINZA & SCHNEIDER
14103 WINCHESTER BLVD., STE. G
LOS GATOS, CA 95032

REQUESTED BY
Ernest C Pinza Esq
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 JUL 26 AM 10:49

WERNER CHRISTEN
RECORDER

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(SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY)

CERTIFICATE OF LIMITED PARTNERSHIP

DOCUMENT TITLE

0619719

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State of California



SECRETARY OF STATE

I, *Kevin Shelley*, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

JUL 0 8 2004



Kevin Shelley

Secretary of State

0619719

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State of California
Secretary of State
Kevin Shelley

200418300008
FILED

in the office of the Secretary of State
of the State of California

JUN 18 2004

Kevin Shelley
KEVIN SHELLEY, Secretary of State

CERTIFICATE OF LIMITED PARTNERSHIP

A \$70.00 filing fee must accompany this form.
IMPORTANT - Read instructions before completing this form

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1. Name of the limited partnership (end the name with the words "Limited Partnership" or the abbreviation "L.P.")
THE 2004 WAKIMOTO FAMILY LIMITED PARTNERSHIP

2. Street address of principal executive office City and state Zip code
688 North 20th Street, San Jose, California 95112

3. Street address of California office where records are kept City Zip code
688 North 20th Street, San Jose, CA 95112

4. Complete if limited partnership was formed prior to July 1, 1984 and is in existence on the date this certificate is executed.
The original limited partnership certificate was recorded on _____ with the recorder
of _____ county. File or recordation number _____

5. Name the agent for service of process and check the appropriate provision below:
Tsutomu Wakimoto _____ which is
 an individual residing in California. Proceed to item 6.
 a corporation which has filed a certificate pursuant to section 1505. Proceed to item 7.

6. If an individual California address of the agent for service of process:
Address: 688 North 20th Street
City: San Jose, State: CA Zip code: 95112

7. Names and addresses of all general partners: (Attach additional pages, if necessary)
A. Name: The Wakimoto 1980 Trust dated June 17, 1980, as amended
Address: 688 North 20th Street
City: San Jose, State: California Zip code: 95112
B. Name:
Address:
City: State: Zip code:

8. Indicate the number of general partners' signatures required for filing certificates of amendment, restatement, merger, dissolution, continuation and cancellation. 1

9. Other matters to be included in this certificate may be set forth on separate attached pages and are made a part of this certificate. Other matters may include the purpose of business of the limited partnership E.G. Gambling Enterprise.

10. Number of pages attached, if any:

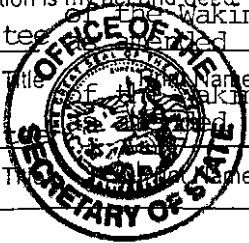
11. I certify that the statements contained in this document are true and correct to my own knowledge. I declare that I am the person who is executing this instrument, which execution is my act and deed.

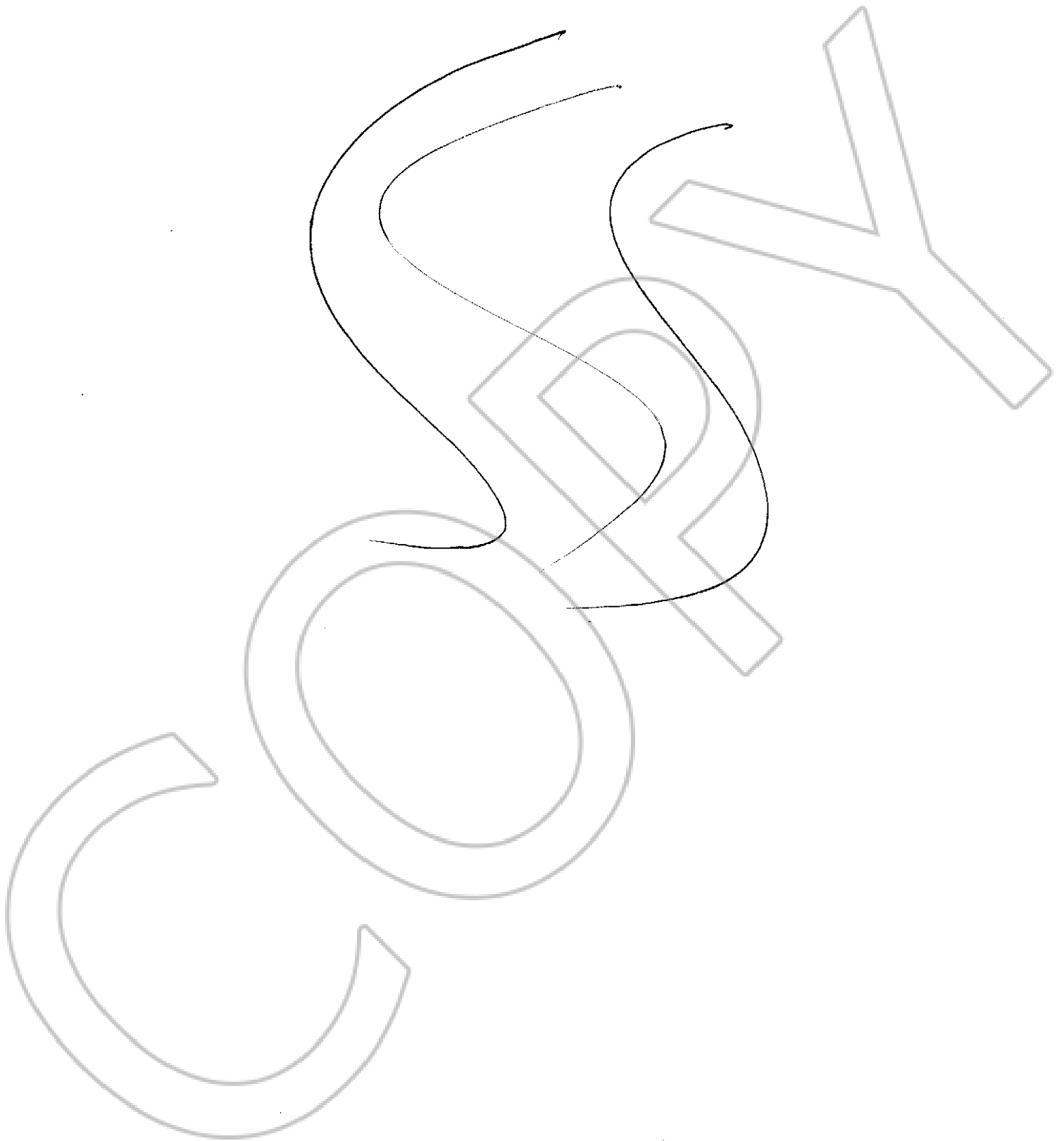
Tsutomu Wakimoto Trustee of the Wakimoto 1980 Trust dated 6/17/1980, Date 5/25/2004
Signature Position or Title Name Date

Margarita Wakimoto Trustee of the Wakimoto 1980 Trust dated 6/17/1980, Date 5/18/2004
Signature Position or Title Name Date

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