



State of California
 March Fong Eu
 Secretary of State

Form LP

CERTIFICATE OF LIMITED PARTNERSHIP
IMPORTANT—Read instructions on back before completing this form

This Certificate is presented for filing pursuant to Section 15621, California Corporations Code.

1. NAME OF LIMITED PARTNERSHIP
 Brobeck Investment Company III, L.P.

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE
 2200 Geng Road
 CITY AND STATE: Palo Alto, CA ZIP CODE: 94303

3. STREET ADDRESS OF CALIFORNIA OFFICE IF EXECUTIVE OFFICE IS IN ANOTHER STATE
 N/A
 CITY: CA ZIP CODE:

4. COMPLETE IF LIMITED PARTNERSHIP WAS FORMED PRIOR TO JULY 1, 1984 AND IS IN EXISTENCE ON DATE THIS CERTIFICATE IS EXECUTED.
 N/A
 THE ORIGINAL LIMITED PARTNERSHIP CERTIFICATE WAS RECORDED ON _____ 19____ WITH THE
 RECORDER OF _____ COUNTY. FILE OR RECORDATION NUMBER _____

5. NAMES AND ADDRESSES OF ALL GENERAL PARTNERS: (CONTINUE ON SECOND PAGE, IF NECESSARY)

A. NAME: John W. Larson ADDRESS: One Market Plaza CITY: San Francisco STATE: CA ZIP CODE: 94105	C. NAME: ADDRESS: CITY: STATE: ZIP CODE:
B. NAME: Edward M. Leonard ADDRESS: 2200 Geng Road CITY: Palo Alto STATE: CA ZIP CODE: 94303	D. NAME: ADDRESS: CITY: STATE: ZIP CODE:

6. NAME AND ADDRESS OF AGENT FOR SERVICE OF PROCESS:
 NAME: Edward M. Leonard
 ADDRESS: 2200 Geng Road
 CITY: Palo Alto STATE: CA ZIP CODE: 94303

7. ANY OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE NOTED ON SEPARATE PAGES AND BY REFERENCE HEREIN ARE A PART OF THIS CERTIFICATE.
 NUMBER OF PAGES ATTACHED:

8. INDICATE THE NUMBER OF GENERAL PARTNERS SIGNATURES REQUIRED FOR FILING CERTIFICATES OF AMENDMENT, DISSOLUTION, CONTINUATION AND CANCELLATION.
 NUMBER OF GENERAL PARTNER(S) SIGNATURE(S) IS/ARE:

9. IT IS HEREBY DECLARED THAT I AM (WE ARE) THE PERSON(S) WHO EXECUTED THIS CERTIFICATE OF LIMITED PARTNERSHIP WHICH EXECUTION IS MY (OUR) ACT AND DEED. (SEE INSTRUCTIONS)

SIGNATURE: <i>John W. Larson</i> John W. Larson General Partner POSITION OR TITLE: DATE: 6/9/92	SIGNATURE: <i>Edward M. Leonard</i> Edward M. Leonard General Partner POSITION OR TITLE: DATE: 6/10/92
SIGNATURE: _____ POSITION OR TITLE: DATE:	SIGNATURE: _____ POSITION OR TITLE: DATE:

10. RETURN ACKNOWLEDGEMENT TO:
 NAME: Edward M. Leonard
 ADDRESS: 2200 Geng Road
 CITY: Palo Alto, CA 94303
 STATE: _____
 ZIP CODE: _____

THIS SPACE FOR FILING OFFICER USE

9210300009

FILED
 In the office of the Secretary of State
 of the State of California
JUN 11 1992
March Fong Eu
 MARCH FONG EU
 SECRETARY OF STATE