234

APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP

To the Secretary of State of Idaholes

PO Box 83720

Boise, ID 83720-0080

SECRETARY OF STATE STATE OF IDAHO



The undersigned partnership hereby applies for registration as a Limited Liability Partnership, and submits the following information pursuant to section 53-343A, I.C.

The name of the partnership is Sheff	ler & Thomsen, CPA's
It's principal office is located at	Highway 2 West, Suite G Sandpoint, ID
It's registered office in Idaho is located	dat Same as above.
agent at that address isGlenn F. T	nomsen, and the name of the registered
The partnership is organized in the sta	ate ofIdaho
The nature of it's business is _certif	ied public accounting practice
The name(s) and address(es) of at lea	ast one partner:
Name	Address
Glenn F. Thomsen	120 S. Park Drive Post Falls, ID
Dwight E. Sheffler	P. O. Box 19 1 1 Sandpoint, ID
Other matters (optional):	
Signature(s) of at least one partner list in item 6.	DATE 12/04/1995 0900 189 3 CK #: 445 CUST# 62298 ORGAN LLP
	10 100.00= 100.

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