

Typed Name

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

The undersigned elects to be a Limited Liability Partnership, and submits the following State nursuant to Idaho Code § 53-3-1001 information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1.	The name of the limited liability partnership is: Property Development Company, LLP
2.	If previously filed a statement of partnership, the name used in that statement is:
	The date it was filed with the Idaho Secretary of State's Office was: N/A
3.	The street address of the limited liability partnership's chief executive office is: 7225 Bethel St., Boise, Idaho 83704
4.	If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is:
5. ·	The mailing address for future correspondence is: 7225 Bethel St., Boise, Idaho 83704
6. 7	The above-named partnership elects to be a limited liability partnership.
7.	Future effective date (optional):
3. \$	Signature of at least 2 partners:
7 2 7	Secretary of State use only Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE Special State use only IDAHO SECRETARY OF STATE SS / 31 / 2002 05 = 00 CK: 5565 CT: 81768 BH: 468863 1 8 108.00 = 108.00 QUALIF LLP # 2