



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 information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1. The name of the limited liability partnership is: Eastgate, LLP
2. If previously filed a statement of partnership, the name used in that statement is: Eastgate, LLP

The date it was filed with the Idaho Secretary of State's Office was: 07/22/04

3. The street address of the limited liability partnership's chief executive office is:
499 Main Street, Boise, Idaho 83702

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: NA

5. The mailing address for future correspondence is:
499 Main Street, Boise, Idaho 83702

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): NA

8. Signature of at least 2 partners:

1) Douglas Tamura
Typed Name Douglas Tamura

2) Boise Eastgate, Inc.
Typed Name Boise Eastgate, Inc.

3) By: Douglas Tamura, President
Typed Name

Secretary of State use only

IDaho SECRETARY OF STATE
07/28/2004 05:00
CK: 21365 CT: 24978 BH: 757764
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