



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP FILED/EFFECTIVE

(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

NOV 23 AM 8:45

STATE
IDHO

1. The name of the limited liability partnership is: _____

Cold Springs 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: _____

3. The street address of the limited liability partnership's chief executive office is: _____

238 Meadows Loop Ketchikan, Id 83340

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: _____

P.O. Box 6417
Ketchikan, Id 83340

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

7. Future effective date (optional): _____

8. Signature of at least 2 partners:

1) Anita Evans

Typed Name Anita Evans

2) Ken Fair - San Joaquin Facilities

Typed Name Ken Fair - San Joaquin

3) Facilities

Typed Name _____

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Secretary of State use only

IDAHO SECRETARY OF STATE
10/23/2002 05:00
CK: 1001 CT: 164429 BH: 642149
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 CORP SUR # 3

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