



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

2004 JUN 18 A 11:24

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: The Roosevelt Market I I LLP
2. If previously filed a statement of partnership, the name used in that statement is: N/A
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: 102 S. Roosevelt, Boise, Idaho 83706
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A
5. The mailing address for future correspondence is: 311 N. Elm Boise, Idaho 83712
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) Susan Gail Wilder

Typed Name Susan Gail Wilder

2) Nicolee Lynn Monroe

Typed Name Nicolee Lynn Monroe

3)

Typed Name

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Secretary of State use only

IDAHO SECRETARY OF STATE
06/18/2004 05:00
CK: CASH CT: 100105 BH: 751214
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

J 1156