

APPLICATION FOR REGISTRATION POFED/EFFECTIVE

(Instructions on back of application)

MAY 18 11 07 AM '00

	he undersigned partnership hereby app Partnership, and submits the following in		as a Limited Babili	
1.	The name of the partnership isIN	ESTMENT SPECI	ALTIES CO., LLF	
2.	It's principal office is located at940	N. Cole Road, E	Boise, Idaho 83704	<u>!</u> .
3.	It's registered office in Idaho is locate		Road, Boise, Idah	,
	agent at that address isL. A. C	-		_
4.	The partnership is organized in the state of			
5.	The nature of it's business is Own, maintain, improve, operate, sell etc. investmen property.			
6.	The name(s) and address(es) of at le	•		
	The name (e) and address (ee) of at the	ast one partitor.		
	Name	•	<u>ldress</u>	
	(,	<u>Ad</u>	Idress 8	
	<u>Name</u>	P.O. Box 1228		
	Name Larry Giovi	P.O. Box 1228	8	
7.	Name Larry Giovi	P.O. Box 1228	8	
7.	Name Larry Giovi	P.O. Box 1228	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	E-STAIL
	Name Larry Giovi Other matters (optional): Signature(s) of at least one partner list	P.O. Box 1220 Boise, Idaho	8	E-STAIL
	Name Larry Giovi Other matters (optional):	P.O. Box 1220 Boise, Idaho	8883701 IDANO SECRETARY OF Secretary of State 05/18/2000	STATE use only