



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO
MAR-5 AM 8:26

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: Roseberry Plaza 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:

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: _____
1480 Pine lakes Ranch Dr, Cascade, Idaho 83611

5. The mailing address for future correspondence is: _____
P.O.BOX 480 Cascade, Idaho 83611

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) *Gary L. Hunemiller*
Typed Name Gary. L. Hunemiller

2) *Lorraine Hunemiller*
Typed Name Lorraine Hunemiller

3) _____
Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
03/05/2008 05:00
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