



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE
2005 OCT 14 AM 8:42

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: HCG Enterprises, 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:
5168 Robinson Park Road Moscow, ID 83843
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: 5168 Robinson Park Road Moscow, ID 83843
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) Cynthia R. Clark
Typed Name Cynthia R. Clark
 - 2) Angela R. Grant
Typed Name Angela R. Grant
 - 3) _____
Typed Name Melissa D. Hawley

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Secretary of State use only

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10/14/2005 05:00
CK: 4320 CT: 193270 BH: 917020
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