



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(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

FILED EFFECTIVE
JUL 23 4 12:20 PM '04

1. The name of the limited liability partnership is: Properties Plus, L.L.P.

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:
845 North Lincoln, Pocatello, ID 83204

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: 845 North Lincoln, Pocatello, ID 83204

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) *Clinton F. Stephens*

Typed Name Clinton F. Stephens

2) *Ronald L. Miller*

Typed Name Ronald L. Miller

3) _____

Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
07/23/2004 05:00
CK: 1031 CT: 100923 BH: 756987
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Web Form

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