No. W 55919	Due no later than November 30, 2007 Annual Report Form 1. Mailing Address - Correct in this box, if applicable STATE PLACE PARTNERSHIP, LLC 8787 COMPLEX DR STE 130- STATE PLACE PARTNERSHIP, LLC 8787 COMPLEX DR STE 130- STATE PLACE PARTNERSHIP STE 130- STATE PARTNERSHIP		2. Registered Agent and Office NO PO BOX KRIS MILLER 5998 N COLLISTER DR BOISE, ID 83703	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720				
NO FILING FEE IF RECEIVED BY DUE DATE	BOISE, ID 83703		3. <u>New</u> Registered Ag	ent Signature
 Limited Liability Compar 	nies: Enter Names and Addresses of Manag	ers.		
Office held Name	Street or P.O. Address	City	State	<u>Zip</u>
MEMBER KRIS MILLER	5998 N. COLLISTER De	Bouse	10	83703
			* \$ ** · ·	
5. Organized Under the Laws of: IDAHO W 55919	6. Signature			16/2007
looused 60/6 Hooks	Name (Typed or Aris / U. Ler		Title <u>Men</u>	sker
Issued 09/04/2007	Do Not Tape or Staple		20071	1006403