



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

1. The name of the limited liability partnership is: Mountain Recreation, 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:

515 W. Pine Street, Suite I, Sandpoint, ID 83864

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: 515 W. Pine Street, Suite I, Sandpoint, ID 83864

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) [Signature]
Typed Name Robert Boyle (208-263-0959)

2) [Signature]
Typed Name Brent Baker (208-263-9550)

3) _____
Typed Name _____

Secretary of State use only

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Web Form

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08/14/2003 05:00
CK: NO CK # CT: 172260 BH: 696386
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FILED EFFECTIVE