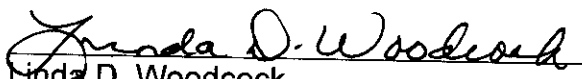


FILED/EFFECTIVE

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP


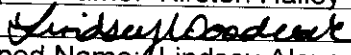
The undersigned partnership elects to be a limited liability partnership and submits the following information to the Idaho Secretary of State pursuant to Idaho Code § 53-3-1001 and Idaho Code § 53-3-105.

1. The name of the limited liability partnership is: Alexacon LLP
2. If previously filed a statement of partnership, the name used in that statement is:
N/A
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:
421 Broadway Blvd., P.O. Box 2142, Ketchum, ID 83340
4. The name and address of the registered agent of the limited liability partnership is:
Linda D. Woodcock, 421 Broadway Blvd., P.O. Box 2142, Ketchum, ID 83340
I consent to serve as registered agent for Alexacon LLP.


Linda D. Woodcock
5. The mailing address for future correspondence is: Linda D. Woodcock,
Manager, P.O. Box 2142, Ketchum, ID 83340
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): N/A

The undersigned Partners declare under penalty of perjury that the contents of this statement are true.

Signature of at least 2 partners of Alexacon LLP:

- 1) 
Typed Name: Kirsten Hailey Woodcock, Partner
- 2) 
Typed Name: Lindsey Alexander Woodcock, Partner

Secretary of State use only

IDAHO SECRETARY OF STATE

03/14/2001 09:00
CK: 66825 CT: 20522 DI: 304459

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