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## APPLICATION FOR REGISTRATION OF FOREIGN LIMITED LIABILITY COMPANY

To the Secretary of State of Idaho, Statehouse, Boise, Idaho 83720



1.	The name of the limited liability company is:sh	oll Group L.L.C.
2.	If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:	
3.	The jurisdiction under whose laws the limited liability company is organized is	
4.	The name and street address of the registered agent in Idaho is:  C T CORPORATION SYSTEM, 300 North 6th Street, Boise, Idaho 83701	
5.	The address of the limited liability company's office in the jurisdiction under whose laws it is organized is:c/o The Corporation Trust Company.	
6.	Corporation Trust Center, 1209 Orange St., Wilmington, DE 19801  The address of the limited liability company's principal office, if other than the address in #5 above, is:1819 Hoopes Avenue, Idaho Falls, Idaho 83404	
7.	The address to which correspondence should be addressed is:  1819 Hoopes Avenue, Idaho Falls, Idaho 83404	
8.	Signature of a manager, if any, or a member 9. Signature of the registered agent if there are no managers.	
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C la	Send completed form in duplicate, with a certificate of existence from the jurisdiction under whose aws the limited liability company is organized dated within the last 90 days) to:  Secretary of State Corporations Division 700 West Jefferson Room 203 P0 Box 83720 Boise ID 83720-0080	Secretary of State use only  IDANO SECRETARY OF STATE 19950303 0900 68827 2 CK #: 10376 CUST# 11406 CORP 1@ 120.00= 120.00

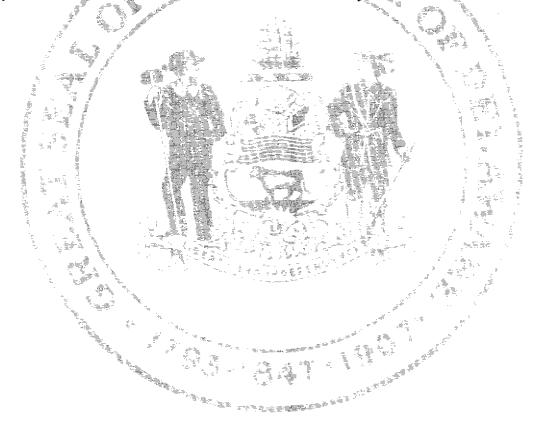
## State of Delaware

## Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF OF STATE OF THE STATE OF OF STATE OF DELAWARE, DO HEREBY CERTIFY "SHOLL GROUP L.L.C." IS DULY FORMED.

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NUMETEENTH DAY OF JANUARY, A.D. 1995.





Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

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DATE:

01-19-95

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