APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

The undersigned partnership hereby applies for registration as a Limited Liability Partnership, and submits the following information pursuant to section 53-343A, I.C.

1.	The name of the partnership is Minas-G	reen, LLP
2.	It's principal office is located at P.O. Box	x 2597, Boise, Idaho 83701
3.	It's registered office in Idaho is located at 1505 Tyrell Lane, Boise ID 83706	, and the name of the registered
	agent at that address isCumer_L. Green	n
4.	The partnership is organized in the state	of Idaho .
5.	The nature of it's business is own and lease real property	
6.	The name(s) and address(es) of at least one partner:	
	<u>Name</u>	Address
	James J. Minas	7337 Northview, Boise, ID 83704
	Cumer L. Green	P.O. Box 2597, Boise, ID 83701
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7.	Other matters (optional):	
3.	Signature(s) of at least one partner listed in item 6.	Secretary of State use only IDAHD SECRETARY OF STATI DATE 11/12/1996 0900 38697
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