



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2005 MAR 31 PM 1:12

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: St. Charles II 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:

190 Bigwood Dr. S, Ketchum, ID 83340

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: Bruce Kaplan

190 Bigwood Dr. S, Ketchum, ID 83340

5. The mailing address for future correspondence is: PO Box 2187

Sun Valley, ID 83353

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) Bruce Kaplan

Typed Name BRUCE KAPLAN

2) Wm Pierpoint

Typed Name Wm Pierpoint

3)

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
03/31/2005 05:00
CK: 152 CT: 187448 BH: 802803
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 CORP SUR # 3

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