



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

2005 JAN 10 10:06

(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: Chestnut Valley Fourplexes, L.L.P.
2. If previously filed a statement of partnership, the name used in that statement is:
not applicable
The date it was filed with the Idaho Secretary of State's Office was: not applicable
3. The street address of the limited liability partnership's chief executive office is:
c/o Lawson & Laski, PLLC 675 Sun Valley Road, Suite A, Ketchum, Idaho 83340
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: Edward A. Lawson c/o Lawson & Laski, PLLC
675 Sun Valley Road, Suite A, Ketchum, Idaho 83340
5. The mailing address for future correspondence is: c/o Lawson & Laski, PLLC
Post Office Box 3310 Ketchum, Idaho 83340
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): not applicable

8. Signature of at least 2 partners:

1)

Michael Riviello

2)

Tony Glaves

3)

Typed Name

g:\corp\lcm\qualif.p65 Revised 01/2001

Secretary of State use only

51234
IDaho SECRETARY OF STATE
01/10/2005 05:00
CK: 1915 CT: 159456 BH: 786269
1 @ 100.00 = 100.00 QUALIF LLP # 2