FILED EFFECTIVE

STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

The undersigned partnership hereby files a statement of partnership authority, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-303.

1. The name of the partnership is: Unifund CCR Partners

2. The street address of its chief executive office is:
   10625 Techwoods Circle, Cincinnati, OH 45242

3. The street address of one (1) office in Idaho:
   N/A

4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
Credit Card Receivables Fund Inc	10625 Techwoods Circle, Cincinnati, OH 45242
ZB Limited Partnership	c/o ACAP Inc., 767 Third Ave., 16th Floor
	New York, NY 10017

OR the name and address of the registered agent in Idaho is:

CORPORATION SERVICE COMPANY — 1401 SHORELINE DR., STE 2, BOISE, ID 83702

5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

Credit Card Receivables Fund, Inc.
ZB Limited Partnership

6. Signature of at least 2 partners:

1) [signature]
Typed Name David G. Rosenberg

2) [signature]
Typed Name Jay Zises

3)
Typed Name

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE
07/20/2004 05:00
CK: 6229 CT: 129788 BH: 756373
1 @ 100.00 = 100.00 PARTN AUT # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

K204