



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(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

FILED EFFECTIVE

05 SEP 22 PM 4:14

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Colonial Apartments, LLP
2. If previously filed a statement of partnership, the name used in that statement is:
Colonial Apartments, LLP
- The date it was filed with the Idaho Secretary of State's Office was: February 1, 1996
3. The street address of the limited liability partnership's chief executive office is:
241 Redfish Lane, Boise, Idaho 83706
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: _____
5. The mailing address for future correspondence is: 241 Redfish Lane, Boise, Idaho 83706
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) Natalie Congdon Brooks
Typed Name Natalie Congdon Brooks

2) Natalie Congdon Brooks, Trustee
Typed Name Natalie Congdon Brooks, Trustee
Carol Congdon Stepp Trusts B-1 & B-2

3) _____
Typed Name _____

Secretary of State use only

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

IDAHO SECRETARY OF STATE
09/22/2005 05:00
CK: 7329 CT: 192551 BH: 913154
1 @ 100.00 = 100.00 QUALIF LLP # 2

Web Form

J1339