



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED F
03 SEP -2 PM 2:10

SECRETARY OF STATE
STATE OF IDAHO

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: Mather Management, 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:
26 Deer Creek Road, Hailey, Idaho 83333
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: P.O. Box 187, 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) Timothy M. Gardiner

Typed Name Timothy M. Gardiner

2) _____

Typed Name Mather Capital Corporation

3) Timothy M. Gardiner

Typed Name by Timothy M. Gardiner, President

Secretary of State use only

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IDAHO SECRETARY OF STATE
09/02/2003 05:00
CK: 84571 CT: 28522 DN: 699437
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

Web Form

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