



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

05 APR 22 AM 11:27

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 STATE OF IDAHO

1. The name of the limited liability partnership is: Cooley Ventures 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:

7967 West Tillamook Dr. Boise, ID 83709

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: Cooley Ventures LLP

7967 West Tillamook Dr. Boise, ID 83709

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) *Robert Ivor Cooley*
Typed Name Robert Ivor Cooley

2) *Robert Allen Cooley*
Typed Name Robert Allen Cooley

3) _____
Typed Name _____

Secretary of State use only

g:\cc\forms\qualip.p65 Revised 01/2001

IDAHO SECRETARY OF STATE
04/22/2005 05:00
CK: CASH CT: 100000 BH: 006171
1 @ 100.00 = 100.00 QUALIF LLP # 2

J 1286