FILED/EFFECTIVE

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

01 OCT 18 AM 9:40
STATE OF IDAHO

1. The name of the limited liability partnership is: POVERTY FLATS, L.L.P.

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:
   4001 E. 3200 N., Hansen, ID 83334

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: 4001 E. 3200 N., Hansen Idaho 83334

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) _____
TypedName KEVIN STANGER

2) _____
TypedName MARK STANGER

3) _____
TypedName

Secretary of State use only

IDAHO SECRETARY OF STATE
10/04/2001 05:00
CK: 4480 CT: 138316 BH: 422781
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