

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

DEC -3 PM 4:41
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Alpine Real Estate LLP

2. If previously filed a statement of partnership, the name used in that statement is:
THIS NAME WAS NOT AVAILABLE FOR USE

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:
6149 N. Meeker Place #250 Boise, ID 83713

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: 6149 N. Meeker Place #250 Boise, ID 83713

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) Matthew P. Grow
Typed Name Matthew P. Grow

2) Stephen J. Larson
Typed Name Stephen J. Larson

3) _____
Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
12/03/2004 05:00
CK: 7265 CT: 89349 BH: 779781
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Web Form

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