

## STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2005 FEB 10 AM 9: 28

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

The name of the limited liability partnersh	nip is: Elysium Properties L.L.P.
If previously filed a statement of partners     N/A	hip, the name used in that statement is:
The date it was filed with the Idaho Secre	etary of State's Office was: N/A
3. The street address of the limited liability p 3185 Highlawn Drive, Twin Falls, ID 83301	artnership's chief executive office is:
If the partnership does not have an office the registered agent is:	in the state of Idaho, the name and address of
5. The mailing address for future corresponde	ence is: 3185 Highlawn Drive, Twin Falls, ID 83301
i. The above-named partnership elects to be	a limited liability partnership.
7. Future effective date (optional):	
Signature of lat least 2 partners:  1)  Typed Name Jeffrey W. Martin  2) Willy Wart  Typed Name Michelle C. Martin  3)	Secretary of State use only  9979  18AHO SECRETARY OF STATE
Typed Name	I ANN SECRETARY OF STATE

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