

statement of qualification.

CANCELLATION OFILED EFFECT! STATEMENT OF QUALIFICATION NAMES PH 2: 32 LIMITED LIABILITY PARTNERSHIP SECRETARY OF STATE (Instructions on back of application) STATE OF IDAHO

(Instructions on back of application)

IDAHO SECRETARY OF STATE

03/03/2006 05:00

CK: 1062 CT: 194830 BH: 941043
1 8 30.00 = 30.00 WDRWL LLP # 1

	Idaho ns of Sec. 53-3-1001(e) and hip states that it hereby car for that purpose submits th	HCBIS Its statement of A	no Code, the undersigned ualification as a limited
The name of the limited	I liability partnership is	bise MUK	up
2. The name which it use	d in Idaho is		
consents that service of arising in the State of lot thereafter be made on address listed in item 4		authorized to transact mail to the limited liabil	business therein may lity partnership at the
4. The post office addres	s to which process against	the limited liability part	mersnip may be mailed is
Tract		3705	
By ANDREW 7901 5 Doise I	5101-017 NS CURTIS RD D 83705		Secretary of State use only
Partner(s) having au	thority to cancel the	5 S	31361