



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

11 AUG 11 AM 8:48

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

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

1. The name of the limited liability partnership is: C+R Properties 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:

2055 Rockridge Way BOISE ID 83712

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: _____

same

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) Cristina V. Rathbone
Typed Name Cristina V. Rathbone

2) Robert W. Rathbone
Typed Name Robert W. Rathbone

3) _____
Typed Name _____

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Secretary of State use only

IDAHO SECRETARY OF STATE
08/11/2011 05:00
CK: 1975 CT: 126951 BH: 1286847
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