

Typed Name

## STATEMENT OF QUALIFICATION OF EDIEFECTIVE LIMITED LIABILITY PARTNERSHIP Limited the following and the state of the state

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-9-1001

1.	The name of the limited liability partnership is: PFA Investment Properties, LLP
2.	If previously filed a statement of partnership, the name used in that statement is: $N/A$
	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:  2225 Teton Plaza, Suite C, Idaho Falls, Idaho 83404
4.	If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is:N/A
5.	The mailing address for future correspondence is: 2225 Teton Plaza, Suite C, Idaho Falls, Idaho 83404
6. <sup>-</sup>	The above-named partnership elects to be a limited liability partnership.
7.	Future effective date (optional):
Ω	Signature of at least 2 partners
	Signature of at least 2 partners:
:	2) CX: 11853 CT: 1793 BH: 388811
•	Typed Name Gren C. Wright
;	3) (15)