

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

1. The name of the limited liability partnership is: EXIT 118, 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:
2251 NORTH HOLMES, IDAHO FALLS, IDAHO 83401
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: 2251 NORTH HOLMES, IDAHO FALLS
IDAHO, 83401
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) Kirk Hansen
Typed Name HANSEN & HANSEN, LLP
BY: KIRK HANSEN, PARTNER

2) Michael P. Groth
Typed Name PEMBROKE CORPORATION
BY: MICHAEL P. GROTH, PRESIDENT

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/29/2005 05:00
CK: 41426 CT: 2034 BH: 818756
1 @ 100.00 = 100.00 QUALIF LLP # 2

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