



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

JUN 6 3 22 PM '01

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: Maple Tree Plaza 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:

102 S. 17th Street, Suite 300

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: 102 S. 17th Street, Suite 300

Boise, Idaho 83702

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) Robert W. Nahas, Partner
Typed Name

2) Robert W. Nahas, Executive Vice President
Typed Name R.T. Nahas Company, Partner

3) _____
Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE

06/08/2001 09:00
CK: 1259 CT: 144042 BH: 401538

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