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FILED/EFFECTIVE



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

JUN 26 PM 4:31

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: Nampa Medical 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:

215 East Hawaii Avenue, Nampa, Idaho 83686

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: Nampa Medical Properties, LLP

215 East Hawaii Avenue, Nampa, Idaho 83686

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)

Richard Aguilar, M.D.

2)

Michael Dee, M.D.

3)

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
06/27/2002 05:00
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