



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE
03 JUL -9 PM 3:17

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: Historic Home Partners I, 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:
1277 Shoreline, Boise, ID 83702

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: Greg Luce, 1277 Shoreline, Boise, Idaho 83702

5. The mailing address for future correspondence is: 1277 Shoreline, 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) [Signature]
Typed Name Greg Luce
2) [Signature]
Typed Name James R. Tomlinson
3) _____
Typed Name _____

Secretary of State use only
IDAHO SECRETARY OF STATE
07/09/2003 05:00
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