

APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP



To the Secretary of State of Idaho FEB 20 AM 8:24
PO Box 83720
Boise, ID 83720-0080

The undersigned partnership hereby applies for registration as a Limited Liability Partnership, and submits the following information pursuant to section 53-343A, I.C.

1. The name of the partnership is Vintage Care LLP
2. It's principal office is located at 645 River Road, P. O. Box 659,
Hagerman, Idaho 83332
3. It's registered office in Idaho is located at 645 River Road, Hagerman,
Idaho, 83332, and the name of the registered
agent at that address is Craig Alan Sinkinson
4. The partnership is organized in the state of Idaho
5. The nature of it's business is to acquire, maintain and operate real property
6. The name(s) and address(es) of at least one partner:

Name	Address
<u>Craig Alan Sinkinson</u>	<u>P. O. Box 104</u>
<u></u>	<u>Council, Idaho 83612</u>
<u></u>	<u></u>
<u></u>	<u></u>

7. Other matters (optional):

N/A

8. Signature(s) of at least one partner listed
in item 6.

Craig Alan Sinkinson

File in duplicate

Secretary of State SECRETARY OF STATE COL

04/20/1998 09:00
CK: 102868 CT: 19533 DN: 102572

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