



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

11-13-04 PM 3:17

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: Pioneer Country Club, 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:
4001 N 3700 W Darlington ID 83255
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: 4001 N 3700 W, Darlington, Id 83255
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) Karen L. Wilburn

Typed Name Karen Wilburn

2) Autumn Wilburn

Typed Name Autumn Wilburn

3)

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
03/04/2005 05:00
CK: 1616 CT: 186689 BH: 796721
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Web Form

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