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ACCOUNT NO. : 072100000032 REFERENCE : 671931 ALCONOMICA OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWN AUTHORIZATION COST LIMIT : ORDER DATE: October 25, 2005 ORDER TIME : 10:57 AM ORDER NO. : 671931-010 CUSTOMER NO: 7115859 FOREIGN FILINGS NAME: INGOMAR LIMITED PARTNERSHIP XXXX QUALIFICATION (TYPE: LP) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX ____ PLAIN STAMPED COPY ____CERTIFICATE OF GOOD STANDING CONTACT PERSON: Pollye Janisse -- EXT# 2954

EXAMINER:

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Name of limited partne	ership as it is in the home state)
· · · · · · · · · · · · · · · · · · ·	
name is unavailable, name under which the limited p	partnership proposes to register or transact business in Florid "LIMITED" or "LTD.") 4. JULY 26, 1996 (Date of Formation)
must contain the wor	rd "LIMITÊD" or "LTD.")
	200 G
NEVADA	4.JULY 26, 1996
(State of Formation)	(Date of Formation)
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Corporation Service Company	
(Name of Registered A	gent for Service of Process)
1201 Hays Street	<u></u>
(Street Address	of Registered Office)
_	—
Tallahassee	Florida 32301
(City)	(Zip Code)
Acceptance by the Registered Agent for Service of Proceedings Comporation Service Comporation	_{pany} - Caria Lohi
Corporation Service Comp	Carla Lohi Asst. Vice President
Corporation Service Comp	_{pany} - Caria Lohi
Corporation Service Comp By: (Agent must	Carla Lohi Asst. Vice President
Corporation Service Comp By: (Agent must	Carla Lohi Asst. Vice President
Corporation Service Composition Service Composition Service Composition Service Composition (Agent must Agent must Agent must Agent Street, Eureka, CA 95501	Carla Lohi Asst. Vice President t sign on this line)
By: Culalol (Agent must	Carla Lohi Asst. Vice President
Corporation Service Comp By: (Agent must (Agent must 323 FIFTH STREET, EUREKA, CA 95501 (Address of registered office required in state of f	Carla Lohi Asst. Vice President t sign on this line) formation or, if not required, address of principal office.)
Corporation Service Composition Service Servic	Carla Lohi Asst. Vice President t sign on this line)
Corporation Service Compy:  (Agent must also provided and the service Composition Serv	Carla Lohi Asst. Vice President t sign on this line) formation or, if not required, address of principal office.)
Corporation Service Comp  By: (Agent must  (Agent must  (Address of registered office required in state of f  NAMES OF GENERAL PARTNERS	Carla Lohi Asst. Vice President t sign on this line) formation or, if not required, address of principal office.)
Corporation Service Composition Service Compos	Carla Lohi Asst. Vice President t sign on this line)  formation or, if not required, address of principal office.)  STREET ADDRESS
Corporation Service Comp  By: (Agent must  (Agent must  (Address of registered office required in state of f  NAMES OF GENERAL PARTNERS	Carla Lohi Asst. Vice President t sign on this line)  formation or, if not required, address of principal office.)  STREET ADDRESS
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Corporation Service Composition Service Compos	Caria Lohi Asst. Vice President t sign on this line)  formation or, if not required, address of principal office.)  STREET ADDRESS

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

12.323 FIFTH	STREET, EUREKA,	CA 95501		
	!	(Mailing Address of Limited Partn	ership)	
Under penalties and that the facts	of perjury I, being dul s stated herein are true	y sworn, declare that I have read the and correct.	ne foregoing and know the	e contents thereo
Signed this 1	OTH day of	OCTOBER	, 2005	
	INGOMAR, INC	IVIM COM		· = .
STATE OF _	By: Allan (	General Partner Grushkin, Senior Vice	President	
COUNTY OF HT	MBOLDT			
On this	10th day of _	OCTOBER , 2005		
ALLAN GRUSHK	LIN		, personally appeare	ed before me,
who is person	nally known to me			
whose identified	ty I proved on the bas	is of		<u> :</u> .
	7.8	(Notary Public Signature)		
	I	P. SMITH (Notary's Printed Name)		
Seal	My Commissio	n Expires: 1/14/06		



## AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

ALLAN GRUSHKIN, SENIOR VICE PRESIDENT OF BEFORE ME the undersigned personally appeared INGOMAR, INC.
a general partner of INGOMAR LIMITED PARTNERSHIP , a (an)
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:
1. The amount of capital contributions of the limited partners is $\frac{1,000.00}{}$ .
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$
Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and
that the facts stated herein are true and correct.
Signed this 24TH day of OCTOBER , 2005.
ALLAN GRUSHKIN, SENIOR VICE PRESIDENT OF INGOMAR, INC., ITS GENERAL PARTNER
STATE OF CALIFORNIA
COUNTY OF HUMBOLDT
On this 3 4th day of OCTOBER , 2005 ,
ALLAN GRUSHKIN, personally appeared before me,
who is personally known to me  whose identity I proved on the basis of
— whose identity i proved on the days of
(Notary Public Signature)
P. SMITH (Notary's Printed Name)
Seal My Commission Expires: 1/14/06

P. SMITH
COMM. #1339786
NOTARY PUBLIC
HUMBOLOT COUNTY, CALIFORNIA