1201 Hays Street
Tallahassee, FL 32301
904-222-9171
904-222-3393 FAX
800-342-8086

B95000000136

CSC networks
PRENTICE HALL LEGAL & FINANCIAL SERVICES

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 17 PM 1:22

ACCOUNT NO. : 072100000032

REFERENCE : 580325 8901F

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 87.50

ORDER DATE : April 17, 1995

ORDER TIME : 9:34 AM

ORDER NO. : 580325

CUSTOMER NO: 8901F

700001457657

CUSTOMER: Ms. Erin Murphy
Prentice Hall Legal &
433 California Street
Suite 830
San Francisco, CA 94104

RECEIVED
95 APR 17 AM 10:08
DIVISION OF CORPORATION

FOREIGN FILINGS

NAME: ALASKA NATIONAL PARTNERS #2
LIMITED PARTNERSHIP

XX___ PROFIT
_____ NON-PROFIT

_____ CORPORATE
_XX__ LIMITED PARTNERSHIP

_XX__ QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_XX____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

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DIVISION OF CORPORATIONS
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BK
4/17/95

CONTACT PERSON: Debbie Skipper

Florida Department of State, Jim Smith, Secretary of State

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

1. ALASKA NATIONAL PARTNERS #2 LIMITED PARTNERSHIP
(Name of limited partnership as it is in the home state;

2 _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

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CORPORATIONS

3. STATE OF DELAWARE
(State of Formation)

4. APRIL 6, 1995
(Date of Formation)

5. The Prentice-Hall Corporation System, Inc.
(Name of Registered Agent for Service of Process)

6 110 North Magnolia Street
(Street Address of Registered Office)

Tallahassee
(City) , Florida 32301
(Zip Code)

7. Acceptance by the Registered Agent for Service of Process.
The Prentice-Hall Corporation System, Inc.
By: Arlene Krosse-Asst. Secretary
(Agent must sign on this line)
32 Loockerman Square, Suite 1-100, Dover, DE 19901

8. ~~11911 JUSTICE AVENUE, BATON ROUGE, LA 70816~~
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS — SPECIFIC ADDRESS

F95000061851

ALASKA NATIONAL, INC. — 2533 N. CARSON STREET, CARSON CITY, NV 89706

10. 11911 JUSTICE AVENUE, BATON ROUGE, LA 70816
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

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 cancelled or withdrawn.
11911 JUSTICE AVENUE, BATON ROUGE, LA 70816

12. ~~32 LOOCKERMAN SQUARE, SUITE L-100, DOVER, DELAWARE 19901~~
(Mailing Address of Limited Partnership)

This 7TH day of APRIL, 19 95.

ALASKA NATIONAL, INC.

General Partner

ROBIN P. ARKLEY II --President

STATE OF CALIFORNIA

COUNTY OF HUMBOLDT

THE FOREGOING instrument was acknowledged and sworn to before me this 7TH day of APRIL, 19 95, by ROBIN P. ARKLEY II (Name of General Partner) of ALASKA NATIONAL PARTNERS #2 LIMITED PARTNERSHIP (Name of Limited Partnership), A STATE (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Notary Public

State of California at Large

(SEAL)

My Commission Expires:

May 5, 1998

LENDA M. LEAL
NOTARY PUBLIC
HUMBOLDT COUNTY, CALIFORNIA
My commission expires May 5, 1998

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CORPORATIONS
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared ROBIN P. ARKLEY II, a general partner of ALASKA NATIONAL PARTNERS #2, 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 $ 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 $ 1,000.00.

This 7TH day of APRIL, 1995

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

ALASKA NATIONAL, INC.
General Partner

Robin P. Arkley II

ROBIN P. ARKLEY II --President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 17 PM 1:22

STATE OF CALIFOIWIA
COUNTY OF HUMBOLDT
DATE APRIL 7, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared ROBIN P. ARKLEY II (General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 7TH day of APRIL, 19 95.

Linda M. Leal

Seal

Notary Public

State of _____ at Large

My Commission Expires:

May 5 1998

LENDA M. LEAL
NOTARY PUBLIC
HUMBOLDT COUNTY, CALIFORNIA
My Commission Expires May 5, 1998

FILE DUE ON OR BEFORE JANUARY 31, 1996 OR A PENALTY FEE
WILL BE SUBMITTED WITH THIS APPLICATION AND SUBSEQUENT PENALTY FEE

B95000000136

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN 12 AM 8:23

1. Name of Limited Partnership

1a. DOCUMENT # B95000000136

ALASKA NATIONAL PARTNERS #2 LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

BK

Mailing Address / Principal Office Address

DUN & MARTINEK
P.O. Box 1266
Eureka, CA 95502
Attn: Roberta Alliston

1/1 2/96

If above address(es) are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

2. New Mailing Address, If Applicable

Suite, Apt. #, etc

City, State & Zip

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc 400001697894
-01/25/96--01052--011

City, State & Zip ****125.00 ******1.25

3. Date Formed or Registered to Do Business in FLORIDA: 4/17/91

3a. Date of Last Report: N/A

4. State or Country of Formation: Delaware

5a. Capital Contributions as Shown on Record: 1,000

5b. Amount of Capital Contributions in FLORIDA to date: 0

6. FEI Number: 92-0154182

Applied For
X Not Applicable

7. CERTIFICATE OF STATUS REQUIRED [redacted]

8. FEES: 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street Suite 105
Tallahassee, FL 32301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Alaska National, Inc. 2533 N. Carson Street Carson City, NV 89706	2533 N. Carson St. 52.50 138.75 191.25	Carson City, NV 89706 400001697894 -01/25/96--01052--009 *****52.50 *****52.50 400001697894 -01/25/96--01052--010 ****137.50 ****137.50	F95000001951

CR2E003 (6/95)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(1)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Robin P. Arkley II DATE Nov 1, 1995

Typed or Printed Name of General Partner Signing Form Robin P. Arkley II President Telephone Number (800) 489-6359