

1516992

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D  
NOTICE OF SALE OF SECURITIES  
PURSUANT TO REGULATION D,  
SECTION 4(6), AND/OR  
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL		
2325-0076		
		
05046872		
DATE RECEIVED		

PROCESSED

MAR 18 2005

THOMSON  
FINANCIAL

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  
The John Ross Condominium Development

Filing Under (Check box(es) that apply):

Rule 504     Rule 505     Rule 506     Section 4(6)     ULOE

Type of Filing:     New Filing     Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  
SKB-John Ross, LLC

Address of Executive Offices (Number and Street, City, State, Zip Code)  
1211 SW Fifth Avenue, Suite 2250, Portland, OR 97204

Telephone Number (Including Area Code)  
(503) 220-2600

Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)

Telephone Number (Including Area Code)

Brief Description of Business  
LLC Membership interests to acquire a membership interest in Block 35 Investors, LLC. Block 35 intends to fund the development expenses and obtain financing for a 279-unit high-rise condominium building in Portland, Oregon.

Type of Business Organization

corporation     limited partnership, already formed     other (please specify):  
 business trust     limited partnership, to be formed    Limited Liability Company

Actual or Estimated Date of Incorporation or Organization:

Month    Year  
0 2    0 5  
 Actual     Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; (CN for Canada; FN for other foreign jurisdiction)

OR

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

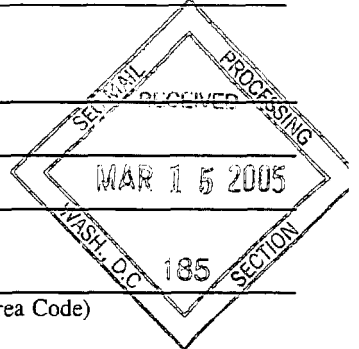
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.



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State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of a federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years.
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

ScanlanKemperBard Companies

Business or Residence Address (Number and Street, City, State, Zip Code)  
1211 SW Fifth Avenue, Suite 2250, Portland, Oregon 97204

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

**B. INFORMATION ABOUT OFFERING**

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Yes  No
- Answer also in appendix, Column 2, if filing under ULOE.
2. What is the minimum investment that will be accepted from any individual \$ 0
3. Does the offering permit joint ownership of a single unit? Yes  No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)  
**Bard, N. Thomson Jr. ; Scanlan, Robert D. ; Gooding, Todd M.**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**1211 SW Fifth Avenue, Suite 2250, Portland, Oregon 97204**

Name of Associated Broker or Dealer  
**SKB Securities**

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  
 (Check "All States" or check individual States).....  All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)  
**Walker, Robert W.**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**1211 SW Fifth Avenue, Suite 2250, Portland, OR 97204**

Name of Associated Broker or Dealer  
**SKB Securities**

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  
 (Check "All States" or check individual States).....  All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)  
**Gibson, Robert W.**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**1211 SW Fifth Avenue, Suite 2250, Portland, OR 97204**

Name of Associated Broker or Dealer  
**SKB Securities**

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  
 (Check "All States" or check individual States).....  All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt.....	\$	\$
Equity.....	\$ 0	\$ 0
	<input type="checkbox"/> Common <input type="checkbox"/> Preferred	
Convertible Securities (including warrants) .....	\$ 0	\$ 0
Partnership Interests (LLC Membership Interests) .....	\$11,125,000	\$9,720,000
Other (Specify _____) .....	\$ 0	\$
<b>Total</b> .....	<b>\$11,125,000</b>	<b>\$9,720,000</b>

Answer also in Appendix, Column 3, if filing under ULOE

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors .....	77	\$9,720,000
Non-accredited Investors .....	0	\$ 0
<b>Total (for filings under Rule 504 only)</b> .....	<b>N/A</b>	<b>\$ N/A</b>

Answer also in Appendix, Column 4, if filing under ULOE

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Type of Offering	Type of Security	Dollar Amount Sold
Rule 505 .....	N/A	\$ N/A
Regulation A .....	N/A	\$ N/A
Rule 504 .....	N/A	\$ N/A
<b>Total</b> .....	<b>N/A</b>	<b>\$ N/A</b>

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees .....	<input type="checkbox"/>	\$ 0
Printing and Engraving Costs .....	<input type="checkbox"/>	\$ 0
Legal Fees .....	<input type="checkbox"/>	\$ 0
Accounting Fees .....	<input type="checkbox"/>	\$ 0
Engineering Fees .....	<input type="checkbox"/>	\$ 0
Sales Commissions (specify finders' fees separately) SKB Securities & Kipling Capital .....	<input checked="" type="checkbox"/>	\$291,600
Other Expenses (identify) .....	<input type="checkbox"/>	\$ 0
<b>Total</b> .....	<input checked="" type="checkbox"/>	<b>\$291,600</b>

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

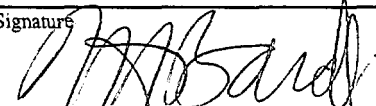
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a.  
 This difference is the "adjusted gross proceeds to the issuer." ..... \$9,428,400

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	<u>Payments to Officers, Directors, &amp; Affiliates</u>	<u>Payments To Others</u>
Salaries and fees .....	<input checked="" type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Purchase of real estate .....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Purchase, rental or leasing and installation of machinery and equipment .....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Construction or leasing of plant buildings and facilities .....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Acquisition of other business (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) .....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Repayment of Indebtedness .....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Working Capital .....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Other (specify): <b>LLC Membership Interests</b> .....	<input type="checkbox"/> \$ 0	<input checked="" type="checkbox"/> <u>\$ 9,428,400</u>
.....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Column Totals .....	<input checked="" type="checkbox"/> <u>\$ 0</u>	<input checked="" type="checkbox"/> <u>\$ 9,428,400</u>
Total Payments Listed (column totals added) .....	<input checked="" type="checkbox"/> <u>\$ 9,428,400</u>	

**D. FEDERAL SIGNATURE**

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) <b>SKB-John Ross, LLC</b>	Signature 	Date
Name of Signer (Printer or Type) <b>N. Thomson Bard, Jr.</b>	Title of Signer (Print or Type) <b>Member, ScanlanKemperBard Companies Operating Manager of SKB-John Ross, LLC</b>	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

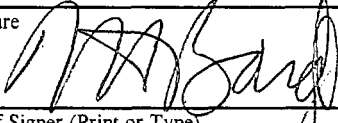
E. STATE SIGNATURE

- 1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule? ..... Yes  No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offeres.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) SKB-John Ross, LLC	Signature 	Date
Name of Signer (Printer or Type) N. Thomson Bard, Jr.	Title of Signer (Print or Type) Member, ScanlanKemperBard Companies Operating Manager of SKB-John Ross, LLC	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of Security and aggregate offering price offered in state (Part C - Item 1)	3 Type of investor and amount purchased in State (Part C - Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK		X	LLC Membership Interests	1	\$50,000				
AZ									
AR									
CA		X	LLC Membership Interests	47	\$5,860,000				
CO		X	LLC Membership Interests	2	\$75,000				
CT									
DE									
DC									
FL		X	LLC Membership Interests	1	\$50,000				
GA		X	LLC Membership Interests	1	\$100,000				
HI									
ID									
IL		X	LLC Membership Interests	1	\$200,000				
IN									
IA									
KS		X	LLC Membership Interests	1	\$400,000				
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									

MO									
MT									
NE									
NV		X	LLC Membership Interests	3	\$100,000				
NH									
NJ									
NM									
NY									
NC									
ND									
OH									
OK									
OR		X	LLC Membership Interests	19	\$2,185,000				
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA		X	LLC Membership Interests	1	\$300,000				
WV									
WI									
WY									
PR									



Full Name (Last name first, if individual)

Fong, Vincent W/.

Business or Residence Address (Number and Street, City, State, Zip Code)

1211 SW Fifth Avenue, Suite 2250, Portland, OR 97204

Name of Associated Broker or Dealer

SKB Securities

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States).....  All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[ND]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, **SKB-John Ross, LLC**, a to-be formed limited liability company organized under the laws of **Oregon**, for purposes of complying with the laws of the States indicated hereunder relating to either the registration or sale of securities, hereby irrevocably appoints the officers of the States so designated hereunder and their successors in such offices, its attorney in those States so designated upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of, or in connection with, the sale of securities or out of violation of the aforesaid laws of the States so designated; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the States so designated hereunder by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that State and have been served lawfully with process in that State.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

**N. Thomson Bard, Jr. Executive Vice President/Member  
ScanlanKemperBard Companies  
Operating Manager  
SKB-John Ross, LLC  
1211 SW Fifth Ave., Suite 2250  
Portland, OR 97204**

Place an "X" before the name of all the States for which the person executing this form is appointing the designated Officer or that State as its attorney in that State for receipt of service of process:

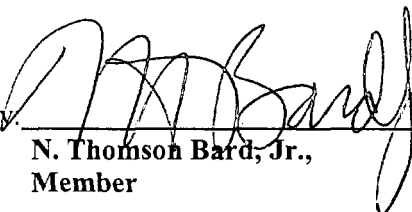
<input type="checkbox"/> ALABAMA	Secretary of State	<input type="checkbox"/> GEORGIA	Commissioner of Securities
<input checked="" type="checkbox"/> ALASKA	Administrator of the Division of Banking and Corporations, Department of Commerce and Economic Development	<input type="checkbox"/> GUAM	Administrator, Department of Finance
<input checked="" type="checkbox"/> ARIZONA	The Corporation Commission	<input checked="" type="checkbox"/> HAWAII	Commissioner of Securities
<input type="checkbox"/> ARKANSAS	The Securities Commissioner	<input checked="" type="checkbox"/> IDAHO	Director, Department of Finance
<input checked="" type="checkbox"/> CALIFORNIA	Commissioner of Corporations	<input checked="" type="checkbox"/> ILLINOIS	Secretary of State
<input checked="" type="checkbox"/> COLORADO	Securities Commissioner	<input type="checkbox"/> INDIANA	Secretary of State
<input checked="" type="checkbox"/> CONNECTICUT	Banking Commissioner	<input type="checkbox"/> IOWA	Commissioner of Insurance
<input type="checkbox"/> DELAWARE	Securities Commissioner	<input checked="" type="checkbox"/> KANSAS	Secretary of State
<input checked="" type="checkbox"/> DISTRICT OF COLUMBIA	Public Service Commission	<input type="checkbox"/> KENTUCKY	Director, Division of Securities
<input checked="" type="checkbox"/> FLORIDA	Department of Banking and Finance	<input type="checkbox"/> LOUISIANA	Commissioner of Securities

<input type="checkbox"/> MAINE	Administrator, Securities Division	<input checked="" type="checkbox"/> OREGON	Director, Department of Insurance and Finance
<input checked="" type="checkbox"/> MARYLAND	Commissioner of the Division of Securities	<input checked="" type="checkbox"/> OKLAHOMA	Securities Administrator
<input checked="" type="checkbox"/> MASSACHUSETTS	Secretary of State	<input checked="" type="checkbox"/> PENNSYLVANIA	Pennsylvania does not require filing of a Consent to Service of Process
<input checked="" type="checkbox"/> MICHIGAN	Administrator, Corporation and Securities Bureau, Department of Commerce	<input type="checkbox"/> PUERTO RICO	Commissioner of Financial Institutions
<input type="checkbox"/> MINNESOTA	Commissioner of Commerce	<input type="checkbox"/> RHODE ISLAND	Director of Business Regulation
<input type="checkbox"/> MISSISSIPPI	Secretary of State	<input checked="" type="checkbox"/> SOUTH CAROLINA	Secretary of State
<input type="checkbox"/> MISSOURI	Securities Commissioner	<input type="checkbox"/> SOUTH DAKOTA	Director of the Division of Securities
<input checked="" type="checkbox"/> MONTANA	State Auditor and Commissioner of Insurance	<input type="checkbox"/> TENNESSEE	Commissioner of Commerce and Insurance
<input checked="" type="checkbox"/> NEBRASKA	Director of Banking and Finance	<input checked="" type="checkbox"/> TEXAS	Securities Commissioner
<input checked="" type="checkbox"/> NEVADA	Secretary of State	<input checked="" type="checkbox"/> UTAH	Director, Division of Securities
<input type="checkbox"/> NEW HAMPSHIRE	Secretary of State	<input type="checkbox"/> VERMONT	Secretary of State
<input checked="" type="checkbox"/> NEW JERSEY	Chief, Securities Bureau	<input checked="" type="checkbox"/> VIRGINIA	Clerk, State Corporation Commission
<input checked="" type="checkbox"/> NEW MEXICO	Director, Securities Division	<input checked="" type="checkbox"/> WASHINGTON	Director of the Department Licensing
<input checked="" type="checkbox"/> NEW YORK	Secretary of State	<input type="checkbox"/> WEST VIRGINIA	Commissioner of Securities
<input checked="" type="checkbox"/> NORTH CAROLINA	Secretary of State	<input type="checkbox"/> WISCONSIN	Commissioner of Securities
<input type="checkbox"/> NORTH DAKOTA	Securities Commissioner	<input checked="" type="checkbox"/> WYOMING	Secretary of State
<input type="checkbox"/> OHIO	Secretary of State		

Dated this 14th Day of March, 2005

**SKB-John Ross, LLC**  
**By: ScanlanKemperBard Companies**  
**Manager**

(SEAL)

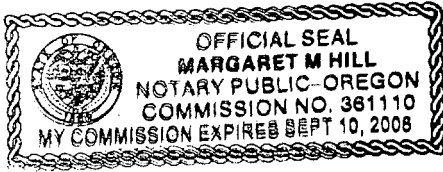
By:   
 N. Thomson Bard, Jr.,  
 Member

**CORPORATE ACKNOWLEDGMENT**

State of Oregon )  
 )ss.  
County of Multnomah )

On this 14<sup>th</sup> March, 2005, before me, Margaret Hill, the undersigned, personally appeared N. Thomson Bard, Jr. known personally to me to be the Member of the above named limited liability corporation and acknowledged that he, as an officer/member being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the limited liability company by himself as an officer/member.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.



*Margaret M Hill*  
\_\_\_\_\_  
Notary Public/Commissioner of Oaths  
My Commission Expires September 10, 2006

(SEAL)