



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

09 MAY 15 AM 8:25

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

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: Sierra Company LLP
2. If previously filed a statement of partnership, the name used in that statement is: _____
3. The date it was filed with the Idaho Secretary of State's Office was: _____
4. The street address of the limited liability partnership's chief executive office is:
710 North Idaho Street Wendell, Idaho 83355
5. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: _____
6. The mailing address for future correspondence is: Sierra Company LLP
710 North Idaho Street Wendell, Idaho 83355
7. The above-named partnership elects to be a limited liability partnership.
8. Future effective date (optional): _____
9. Signature of at least 2 partners:
 1) William M. Palacio
 Typed Name William M. Palacio
 2) Mark R. Miller
 Typed Name Mark R. Miller
 3) _____
 Typed Name _____

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g3001mktapply06
Revised

Secretary of State use only
Web Form

IDAHO SECRETARY OF STATE
05/15/2009 05:00
CK: 1814 CT: 237118 NH: 1178562
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1 0 20.00 = 20.00 EXPEDITE C 0 3

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