

FILED EFFECTIVE



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

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: EJ Management 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: 14494 Pineda Drive, Whitebird, ID 83554

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: The registered agent is: Gloria L Pineda, 14494 Pineda Drive, Whitebird, ID 83554

5. The mailing address for future correspondence is: PO Box 37, Whitebird, ID 83554

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): 07/01/2008

8. Signature of at least 2 partners:

1) *Eloy Pineda*
Typed Name Eloy Pineda

2) *Gloria L Pineda*
Typed Name Gloria L Pineda

3) *Jeffrey A Pineda*
Typed Name Jeffrey A Pineda

08 JAN 10 AM 8:33
SECRETARY OF STATE
STATE OF IDAHO

Secretary of State use only

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