



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: L and L Cattle Company, L.L.P.
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:
Tom Leno, 4236 N. 1900 E., Buhl, Idaho 83316
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: _____
5. The mailing address for future correspondence is: 4236 N. 1900 E., Buhl, Idaho, 83316
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): _____

8. Signature of at least 2 partners:

1) Tom Leno

Typed Name Tom Leno

2) Dean Larson

Typed Name Dean Larson

3) Robin Larson

Typed Name Robin Larson

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Secretary of State use only

IDAHO SECRETARY OF STATE
04/25/2003 05:00
CK: 2117 CT: 169457 BH: 676799
1 @ 100.00 = 100.00 QUALIF LLP # 3
1 @ 20.00 = 20.00 EXPEDITE C # 4

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