



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

2005 SEP 2 AM 8:53

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: M S Flooring Specialists

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:

480 North 4154 East

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: Malden Janson

480 North 4154 East Rigby, ID 83442

5. The mailing address for future correspondence is: P.O. Box 349

Rigby, ID 83442

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) Malden Janson

Typed Name Malden Janson

2) Sandy Janson

Typed Name Sandy Janson

3)

Typed Name

Secretary of State use only

Idaho Secretary of State
Revised 04/2001

IDAHO SECRETARY OF STATE
09/02/2005 05:00
CK: 1461 CT: 138867 BH: 909700
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