

FILED EFFECTIVE



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2006 FEB 27 PM 1:17
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: MG and Sons, 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:

1959 Talus Loop Twin Falls, ID 83301

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: 1959 Talus Loop
Twin Falls, ID 83301

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) [Signature]
TypedName Michael Stamm

2) [Signature]
TypedName Gina Stamm

3) _____
TypedName _____

Secretary of State use only

g:\corpforms\qualip.p65 Revised 01/2001

IDAHO SECRETARY OF STATE
03/28/2006 05:00
CK: 7517 CT: 190581 BH: 945889
1 @ 100.00 = 100.00 QUALIF LLP # 2

51418