



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

02 JAN -2 AM 8:34

SECRETARY OF STATE

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: Esplin & Packer, LLP
2. If previously filed a statement of partnership, the name used in that statement is:
not applicable
- 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:
186 East Judicial, Blackfoot, Idaho 83221
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: _____
Not applicable
5. The mailing address for future correspondence is: 186 East Judicial,
P.O. Box 1022, Blackfoot, ID 83221
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): January 1, 2002

8. Signature of at least 2 partners:

1) *DaLon Esplin*
Typed Name DaLon Esplin

2) *Thomas W. Packer*
Typed Name Thomas W. Packer

3) _____
Typed Name _____

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Secretary of State use only

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01/02/2002 05:00
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