



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: Pineda Post & Poles LLP
2. If previously filed a statement of partnership, the name used in that statement: _____
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): 01/01/2008

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 Pineda

Secretary of State use only

IDAHO SECRETARY OF STATE
01/10/2008 05:00
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Web Form

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SECRETARY OF STATE
STATE OF IDAHO