



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:
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: 203 Main Street, Boise, Idaho 83702
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: P.O. Box 1009, Boise, Idaho 83701-1009
6.	The above-named partnership elects to be a limited liability partnership.
7.	Future effective date (optional): February 18, 2003
8.	Signature of at least 2 partners:
	Typed Name Report T. Wetherell 2) Typed Name J. Nick Crawford
	Typed Name J. Nick Crawford 3) Typed Name Andrew C. Brassey Typed Name Andrew C. Brassey 100

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