

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

09 SEP -3 MI 8: 22

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-10010F IDAHO

| 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 Secretar | y of State's | Office was: |
| 3. | The street address of the limited liability partnership's chief executive office is: | | |
| | 9350 Bienapfi Dr, Boise, ID 83709 | | |
| 4. | If the partnership does not have an office in the registered agent is: | | |
| 5. | The mailing address for future correspondence | | |
| 6 . ' | The above-named partnership elects to be a li | imited liabili | ly partnership. |
| 7. | Future effective date (optional): | | |
| | | | |
| 8. | Signature of at least 2 partners: | | |
| | 1) - 1 | | Secretary of State use only |
| | Typed Name Mel Snider | 12007 | Societary of State Case City |
| | | Revised 01/2001 | |
| | 2) | P. P | |
| | Typed Name Joy Snider | 98 d a | IDAHO SECRETARY OF STATE |
| | 3) | ertuayau | 09/03/2009 05:00 CK: 5853 CT: 72743 BH: 1185582 CK: 5853 CT: 72743 BH: 1185582 |
| | Typed Name | ptoorphismestrates p. 1965 | 1 8 188.88 = 190.88 QUALIF LLP # 2 |
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