



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP FILED EFFECTIVE

(Instructions on back of application)

2014 MAY 29 AM 8:30

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

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Williams Contracting RLLP

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:

29650 5th St. Athol Idaho 83801

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: 29650 5th St. Athol Idaho 83801

5. The mailing address for future correspondence is: PO Box 23, Carrywood Idaho 83809

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) Alexander W. Rogers

Typed Name Alexandrew W. Rogers

2) Aurora D. Rogers

Typed Name Aurora D. Rogers

3) _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/29/2014 05:00

CK:205656410927 CT:297368 BH:1426663

1@ 100.00 = 100.00 QUALIF LLP #2

1@ 20.00 = 20.00 EXPEDITE C #3

5/29/2014 05:00 Revised

Web Form

J2395