



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

06 MAR 20 PM 12: 26

SECRETARY OF STATE
STATE OF IDAHO

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: _____
GM EXCAVATION, LLP

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:

6322 JUMP CREEK RD, MARSING IDAHO 83639

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: _____
6322 JUMP CREEK RD, MARSING IDAHO 83639

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) Gustavo Carreon

Typed Name GUSTAVO CARREON

2) Marcos Martinez

Typed Name MARCOS MARTINEZ

3) _____

Typed Name _____

Secretary of State use only

g:\comp\lms\qualif.p65 Revised 01/2001

IDAHO SECRETARY OF STATE
03/20/2006 05:00
CK: 1507 CT: 192263 RH: 944276
1 @ 100.00 = 100.00 QUALIF LLP # 2

Web Form

J1411