

FILED/EFFECTIVE



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: Jiano, LLP
2. If previously filed a statement of partnership, the name used in that statement is:
N/A
The date it was filed with the Idaho Secretary of State's Office was: N/A
3. The street address of the limited liability partnership's chief executive office is:
6200 Mill Road, New Plymouth, Idaho 83655
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 722, New Plymouth,
Idaho 83655
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) *Jimmy D. Noyes*
Typed Name Jimmy Dean Noyes

2) *Anthony J. Noyes*
Typed Name Anthony J. Noyes

3) *Debbie J. Noyes*
Typed Name Debbie J. Noyes

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Secretary of State use only

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01/02/2002 05:00
CK: 27035 CT: 111703 BH: 437511
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