



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP FILED/EFFECTIVE

(Instructions on back of application)

JAN 23 3 28 PM '01

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: Thornton Byron L.L.P.

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:

1101 W. River Street, Suite 340, 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 7156, Boise, ID 83707-1156

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)

Typed Name D. John Thornton & Associates, P.A.,
by D. John Thornton, President

2)

Typed Name Gregory A. Byron, P.A.
by Gregory A. Byron, President

3)

Typed Name _____

g:\corp\forms\qualif.p65 Revised 01/2001

Secretary of State use only
IDAHO SECRETARY OF STATE

01/25/2001 09:00
CK: 5216 CT: 44531 BH: 374842

1 @ 100.00 = 100.00 QUALIF LLP # 3

J 726