



# 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: Twin G's 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:

4098 Hidden Lakes Drive, Kimberly, ID 83341

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: 4098 Hidden Lakes Drive

Kimberly, ID 83341

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 John R. Gibson

2)

Typed Name Irene VanderVegt Gibson

3)

Typed Name Irene VanderVegt - Gibson

Secretary of State use only

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12/08/2003 05:00  
CK: 6869 CT: 174393 BN: 715325  
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