



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application) 2002 DEC 12 AM 9:40

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-10410

1. The name of the limited liability partnership is: Cowboy Country 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: _____
3. The street address of the limited liability partnership's chief executive office is: 2500 N 3205 E Twin Falls, ID 83301
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: Cowboy Country
PO Box 5800 Twin Falls, ID 83301
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) Johnny Urrutia

Typed Name Johnny Urrutia

2) Zeb G. Bell

Typed Name Zeb G. Bell

3) _____

Typed Name _____

Secretary of State use only

IDAH0 SECRETARY OF STATE
12/12/2002 05:00
CK: 1208 CT: 165687 BH: 651004
1 @ 100.00 = 100.00 ORGAN LLC # 3

g:\corpforms\qualip.65 Revised 01/2001

J 942