



STATEMENT OF QUALIFICATION OFFILED EFFECTIVE 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: Grandpa's Coffee Shop, 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: 3304 Poleline Road, Pocatello, ID 83201
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: 3304 Poleline Road, Pocatello, ID 83201
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): January 1, 2006

8. Signature of at least 2 partners:

1) Floyd L. Fuller

Typed Name Floyd L. Fuller

2) Evalynn A. Wisner

Typed Name Evalynn A. Wisner

3) _____

Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
02/09/2006 05:00
CK: 1023 CT: 196817 BH: 936933
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Web Form

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