



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

07 AUG 21 AM 8:26
SECRETARY OF STATE
STATE OF IDAHO

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: Barrera Bublitz 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:

2021 Cleveland Blvd. Caldwell, ID 83605

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: 2021 Cleveland Blvd. Caldwell, ID 83605

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) [Signature]

Typed Name John Barrera

2) [Signature]

Typed Name Gerald Bublitz

3) _____

Typed Name _____

g:\comp\forms\qualif.p05 Revised 01/2001

Secretary of State use only

01640

IDAHO SECRETARY OF STATE
08/21/2007 05:00
CK: 572 CT: 216689 BH: 1071758
1 @ 100.00 = 100.00 QUALIF LLP # 2