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**STATEMENT OF QUALIFICATION OF
LIMITED LIABILITY PARTNERSHIP**

(Instructions on back of application)

FILED EFFECTIVE

2003 AUG 13 A 9:41

SECRETARY OF STATE

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: _____

A & K Partnership 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: N/A

3. The street address of the limited liability partnership's chief executive office is: _____

350 West 500 South, Jerome, ID 83338

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: A & K Partnership LLP

350 West 500 South, Jerome, ID 83338

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) Dennis Capps

Typed Name Dennis Capps Trucking, Inc

2) Todd Burningham

Typed Name Todd Burningham

3) _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/13/2003 05:00CK: 3162 CT: 97726 BH: 696123
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1 @ 20.00 = 20.00 EXPEDITE C # 3

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