



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

06 OCT 31 AM 10: 21

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: Drain Pro LLP
2. If previously filed a statement of partnership, the name used in that statement is:
None
The date it was filed with the Idaho Secretary of State's Office was: None
3. The street address of the limited liability partnership's chief executive office is:
772 E. Old Mesquite St. Kuna, Id. 83634
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: 772 E. Old Mesquite St. Kuna Id. 83634
5. The mailing address for future correspondence is: 772 E. Old Mesquite St. Kuna, Id. 83634
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) Michael L. Barrow

Typed Name Michael L. Barrow

2) Keith M. Williams

Typed Name Keith M Williams

3) _____

Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
10/31/2006 05:00
CK: 953188 CT: 172099 BH: 998157
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