	FILED EFFECTIVE
infor	STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP (Instructions on back of application) Undersigned elects to be a Limited Liability Partnership, and submits the following ATE mation to the Secretary of State pursuant to Idaho Code § 53-3-1001 CONDAHO name of the limited liability partnership is: D&D Extreme Bulfriding Limited Liability Partnership
	eviously 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:
	street address of the limited liability partnership's chief executive office is:
the 30(e partnership does not have an office in the state of Idaho, the name and address of registered agent is: Daniel Tracy 00 south , Almo Idaho 83312 e mailing address for future correspondence is: P.O box 197 Almo ID 83312
	e above-named partnership elects to be a limited liability partnership. Iture effective date (optional): June 22, 2004
<u>ו</u> ני	gnature of at least 2 partners: DAMAN Mumb ped Name Daman Curtis Munk Damil Jack ped Name Daniel Joseph Tracy