



STATEMENT OF QUALIFICATION OF 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 IDAHO

2009 JAN -2 AM 8:36
SECRETARY OF STATE

1. The name of the limited liability partnership is: RICHARD T. ANDERSON and DONNY W. ANDERSON, PARTNERS L L P
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: _____
3. The street address of the limited liability partnership's chief executive office is: 913 Union Avenue, Salmon ID 83467
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: 913 Union Avenue, Salmon ID 83467
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): N/A

8. Signature of at least 2 partners:

1) [Signature]
Typed Name Richard T. Anderson

2) [Signature]
Typed Name Donny W. Anderson

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/02/2009 05:00
CK: 10198 CT: 232788 BH: 1158400
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Web Form

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