



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2006 JAN 19 AM 9:17

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: StevRo 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:

526 S. Colorado ave. Idaho Falls Id. 83402

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: 526 S. Colorado ave. Idaho Falls Id. 83402

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): 01/10/06

8. Signature of at least 2 partners:

1) [Signature]

Typed Name Steve Waters

2) [Signature]

Typed Name Roy J. Hansen

3) _____

Typed Name _____

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Secretary of State use only

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01/19/2006 05:00
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