



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

1. The name of the limited liability partnership is: FALCKCO, 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: HCR 85 BOX 4A, BONNERS FERRY, ID 83805
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: _____
HCR 85 BOX 4A, BONNERS FERRY, ID 83805
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) [Signature]
Typed Name LEVI FALCK

2) _____
Typed Name EIVIND ALLEN ANDREW FALCK

3) [Signature]
Typed Name _____

Secretary of State use only

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11/06/2007 05:00
CK: 888 CT: 219304 BH: 1084033
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Web Form

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SECRETARY OF STATE
STATE OF IDAHO