



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: Boise River Motors 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:

3817 W. State St. Boise, Id. 83703

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: 3817 W. State St.
Boise, Id. 83703

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) Rob S. Ringen
Typed Name Rob S. RINGEN

2) Daniel A. Sherrer
Typed Name Daniel A. Sherrer

3) _____
Typed Name _____

Secretary of State use only

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01/09/2003 05:00
CK: CASH CT: 166345 BH: 655826
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1 @ 20.00 = 20.00 CORP SUR # 3

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