



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: Twin Peaks Construction 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:
524 Bayhill Dr Nampa, ID 83686
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: 524 Bayhill Dr Nampa, ID 83686
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) Jennifer Salois
Typed Name Jennifer Salois

2) Jodi Vanderpool
Typed Name Jodi Vanderpool

3) _____
Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
03/01/2006 05:00
CK: 2555 CT: 197448 BH: 940292
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

Web Form

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