



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED EFFECTIVE

(Instructions on back of application)

2015 MAY 11 AM 9:51

The undersigned elects to be a Limited Liability Partnership, and submits the information to the Secretary of State pursuant to Idaho Code § 53-3-1001

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: D&D-OMEGA JV1 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:
53285 SILVER VALLEY RD STE 310, KELLOGG, ID 83837

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: 53285 SILVER VALLEY RD STE 310
KELLOGG, ID 83837

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) David Lopez
Typed Name DAVID LOPEZ

2) Thomas Warren
Typed Name TOM WARREN

3) _____
Typed Name _____

Secretary of State use only

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