



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: CAMPRES 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: 1462 Tara Street, Twin Falls, Idaho 83301
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: 1462 Tara Street, Twin Falls, Idaho 83301
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) Michael C. Prestin
Typed Name Michael Prestin

2) Dustin Campbell
Typed Name Dustin Campbell

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/07/2002 05:00
CK: 20016 CT: 2053 BH: 463809
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Web Form

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