



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: 10K Partners, 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: 2539 Channing Way, Suite 340, Idaho Falls, Idaho 83404
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: 2539 Channing Way, Suite 340, Idaho Falls, Idaho 83404
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)

Christa Beguesse Rammell
Typed Name Christa Beguesse Rammell

2)

Kenneth J. Rammell
Typed Name Kenneth J. Rammell

3)

Typed Name

FILED EFFECTIVE

2003 DEC 22 PM 2:22

Secretary of State use only

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IDAHO SECRETARY OF STATE
12/22/2003 05:00
CK: 1717 CT: 167030 BH: 718113
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

Web Form

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