



STATEMENT OF QUALIFICATION OF FILED EFFECTIVE 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.

2007 AUG -6 PM 1:13

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Apexx 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:

1190 Ada Idaho Falls, Id 83402

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: 1190 Ada Idaho Falls, Id 83402

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)

Casey L. Thomas
Typed Name Casey L. Thomas

2)

Daniel Allen Moreau
Typed Name Daniel Allen Moreau

3)

Typed Name

Secretary of State use only

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IDAHO SECRETARY OF STATE
08/06/2007 05:00
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