



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

08 NOV 20 AM 8:30

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: First Class Auto Pride 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: 11-14-08
3. The street address of the limited liability partnership's chief executive office is:
808 Cheney Dr. Twin Falls, Id. 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: 808 Cheney Dr. Twin Falls, Id. 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) [Signature]
Typed Name Tim Wangler
- 2) [Signature]
Typed Name Jason Newhouse
- 3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/20/2008 05:00
CK: 6151 CT: 231613 BH: 1145246
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Web Form

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