



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2003 MAR 18 AM 8:32

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.

STATE OF IDAHO

1. The name of the limited liability partnership is: Lawnscapes Landscape Center 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:
1300 Addison Avenue West 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: LaRae Stringer
8815 Springhurst Dr. Boise, ID 83704
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): April 1, 2003

8. Signature of at least 2 partners:

1) LaRae Stringer
Typed Name LaRae Stringer

2) Joyce Stringer
Typed Name Joyce Stringer

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/25/2003 05:00
CK: 5386 CT: 168576 BH: 670726
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1 @ 20.00 = 20.00 CORP SUR # 4

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