

263



STATEMENT OF QUALIFICATION OFFILED EFFECTIVE LIMITED LIABILITY PARTNERSHIP

2004 NOV -1 AM 9:35

(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

- The name of the limited liability partnership is: DAVID LIMITED LIABILITY PARTNERSHIP
- 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: _____
- The street address of the limited liability partnership's chief executive office is:
828 SOUTH WASHINGTON, EMMETT, IDAHO 83617
- If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: _____
- The mailing address for future correspondence is: 828 SOUTH WASHINGTON, EMMETT, ID 83617
- The above-named partnership elects to be a limited liability partnership.
- Future effective date (optional): NOVEMBER 1, 2004

8. Signature of at least 2 partners:

1) Arleen V. Sallee

Typed Name ARLENE V. SALLEE

2) David H. Quenzer

Typed Name DAVID R. QUENZER

3) Dale H. Quenzer

Typed Name DALE H. QUENZER

Secretary of State use only

11/01/2004 05:00

IDAHO SECRETARY OF STATE
11/01/2004 05:00
CK: 1039 CT: 103390 BH: 774296
1 @ 100.00 = 100.00 QUALIF LLP # 2

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