

FILED EFFECTIVE



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

05 APR 29 PM 3:42

SECRETARY OF STATE
STATE OF IDAHO

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: Mankato 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:

205 N. Tenth Street, Suite 201, Boise, Idaho 83702

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: 205 N. Tenth Street, Suite 201, Boise, Idaho 83702

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): April 15, 2005

8. Signature of at least 2 partners:

1)
Typed Name James R. Tomlinson

2)
Typed Name Greg Tomlinson

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/02/2005 05:00
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Web Form

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