



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

JUL 18 AM 8:50

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: WYS LLP
NA

2. If previously filed a statement of partnership, the name used in that statement is:
NA

The date it was filed with the Idaho Secretary of State's Office was: NA

3. The street address of the limited liability partnership's chief executive office is:
525 Park Avenue Suite 2A Idaho Falls ID 83401

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: NA

5. The mailing address for future correspondence is: 525 Park Avenue Suite 2A Idaho Falls ID 83401

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)

Typed Name Rocky L Wixom

2)

Typed Name Kameron M Youngblood

3)

Typed Name Jeromy W Stafford

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Secretary of State use only

IDAHO SECRETARY OF STATE
07/18/2008 05:00
CK: 2640 CT: 212174 BH: 1127638
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

Web Form

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