



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
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)
 - 2)
 - 3)

| | | |
|------------|----------------------|-----------------------------|
| Typed Name | Rocky L Wixom | Secretary of State use only |
| Typed Name | Kameron M Youngblood | |
| Typed Name | Jeromy W Stafford | |

Form 5000-0005 Revised 01/2001

Web Form

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

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