



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

02 FEB 20 AM 9:04

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: CHECK SAVERS 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: 475 YELLOWSTONE AVE. POCA TELLO, ID 83201
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: P.O. BOX 2186 POCA TELLO, ID 83206-2186
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): 03-01-2002

8. Signature of at least 2 partners:

1) Shane Savage

Typed Name SHANE SAVAGE

2) Nancy Savage

Typed Name NANCY SAVAGE

3) _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/20/2002 05:00
CK: 3479 CT: 157558 BH: 447242
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