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	STATEMENT OF QUALIFICATION OF FILED EFFECTIVE LIMITED LIABILITY PARTNERSHIP (Instructions on back of application) 09 APR -8 AM 8: 26	
	The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-109 ATE OF IDAHO	
	1. The name of the limited liability partnership is:	
	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: 995 Wilson #4 Pocatello ID 83201	
	 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: <u>995 Wilson #4 Pocatelio ID 68201</u>	
	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 Steven Siler	
	Typed Mame Andy Simpson 3) IDANO SECRETARY OF STATE 3) IDANO SECRETARY OF STATE Typed Name Mark Clark 04/08/2009 05:00 Web Form CK: 16996048267 CT: 235987 BH: 116492	3
	$\frac{1}{10} = \frac{100}{1.00} = \frac{100}{100} = \frac{100}{100} = \frac{1}{100} $	

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