

FILED EFFECTIVE



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2007 MAY -9 AM 8:32

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

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: High Climber, 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:

211 Norris Street, New Meadows, ID 83654

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: PO Box 456, New Meadows, ID 83654

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) *Keven G. Truesdell*
Typed Name Keven G. Truesdell

2) *Lisa K. LaFond*
Typed Name Lisa K. LaFond

3) _____
Typed Name

Secretary of State use only

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05/09/2007 05:00
CK: 1833 CT: 213186 BH: 1052500
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Web Form

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