



STATEMENT OF QUALIFICATION OF FILED EFFECTIVE LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2007 MAR 12 AM 9:47

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: City Supply, LLP
2. If previously filed a statement of partnership, the name used in that statement is:
N/A
- 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:
413 Main Street Cottonwood, ID 83522
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: City Supply, LLP P.O. Box 426
Cottonwood, ID 83522
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): 1 April 2007

8. Signature of at least 2 partners:

1) Denis B. Duman

Typed Name Denis B. Duman

2) Terri L. Duman

Typed Name Terri L. Duman

3) _____

Typed Name _____

Secretary of State use only

5/1/2007 01/2007

Web Form

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03/12/2007 05:00
CK: 1078465 CT: 172099 BH: 1039310
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