



# STATEMENT OF QUALIFICATION 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

- The name of the limited liability partnership is: City Supply, L.L.P.
- 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: \_\_\_\_\_
- The street address of the limited liability partnership's chief executive office is: 413 Main Street Cottonwood, ID 83522
- If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: \_\_\_\_\_
- The mailing address for future correspondence is: City Supply, L.L.P. P.O. Box 426 Cottonwood, ID 83522
- The above-named partnership elects to be a limited liability partnership.
- Future effective date (optional): 1 April 2007
- Signature of at least 2 partners:
  - Denis B. Duman  
Typed Name Denis B. Duman
  - Terri L. Duman  
Typed Name Terri L. Duman
  - Typed Name

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Secretary of State use only

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Web Form

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