



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED EFFECTIVE

MAY 10 AM 9:00

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

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: _____
CAMACHO CONSTRUCTION, 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: _____
507 DIAMOND ST NAMPA, ID 83687

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: _____
507 DIAMOND ST NAMPA, ID 83687

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) Hector Miguel Camacho M.

Typed Name HECTOR MIGUEL CAMACHO MAR

2) JL

Typed Name JOSE LUIS SOLORIZANO

3)

Typed Name

grouptmsqualp.pps Revised 01/2001

Secretary of State use only

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IDAHO SECRETARY OF STATE KW
05/10/2006 05:00
CK: 1517 CT: 192263 BH: 953983
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Web Form