



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

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

FILED EFFECTIVE

09 APR -1 AM 8:24

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: JAMES, LANGDON AND STOWE
RLLP

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:
3741 N. Dixon Ave., Meridan ID 83646

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: _____
3741 N. Dixon Ave. Meridan ID 83646

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) Timothy T. Stowe
Typed Name Timothy T. Stowe

2) Patricia O. Langdon
Typed Name Patricia O. Langdon

3) _____
Typed Name _____

Secretary of State use only

Idaho Secretary of State Revised 01/2001

IDAHO SECRETARY OF STATE
04/01/2009 05:00
CK: 501 CT: 235703 BH: 1163996
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