

FILED EFFECTIVE



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

1. The name of the limited liability partnership is: THE ROBERT E. MORRIS FAMILY
LIMITED LIABILITY PARTNERSHIP
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: N/A
3. The street address of the limited liability partnership's chief executive office is:
1733C SOUTHSIDE BOULEVARD, MELBA, IDAHO 83641
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A
5. The mailing address for future correspondence is: 1733C SOUTHSIDE BOULEVARD,
MELBA, IDAHO 83641
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) Beverly E. Morris
Typed Name BEVERLY E. MORRIS

2) Brent J. Morris
Typed Name BRENT J. MORRIS

3) _____
Typed Name _____

Secretary of State use only

J 1533

IDAHO SECRETARY OF STATE
12/26/2006 05:00
CK: 11647 CT: 3632 BH: 1021547
1 @ 100.00 = 100.00 QUALIF LLP # 3
1 @ 20.00 = 20.00 EXPEDITE C # 4

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