

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP 08 OCT 20 AM 9: 05

(Instructions on back of application)

The undersigned elects to be a Limited Liability Partnership, and submits the policy in the control of the cont information to the Secretary of State pursuant to Idaho Code § 53-3-1001 1. The name of the limited liability partnership is:

JCM HOLDINGS, 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: 1252 S. 52 E., IDAHO FALLS, IDAHO 83401 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: c/o Seedall Law Office, P.C. 1252 S. 52 E., Idaho Falls, Idaho 83401

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional):

8. Signature of at least 2 partners:

Typed Vame JARED MORTON

Typed Name CAMILLE MORTON

Typed Name

Secretary of State use only