



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: _____
J. J. & M. LANDSCAPING L. L. P.
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: _____
166 N. 5TH W. #H-4 REXBURG, ID 83440
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: _____
166 N. 5TH W. #H-4 REXBURG, ID 83440
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) *Jared Ricks*
Typed Name JARED RICKS

2) *Joel Kent*
Typed Name JOEL KENT

3) *Mark Glenn*
Typed Name MARK GLENN

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Secretary of State use only

IDAHO SECRETARY OF STATE
04/25/2002 05:00
CK: 108 CT: 159877 BH: 461675
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Web Form

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FILED/EFFECTIVE

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SECRETARY OF STATE
STATE OF IDAHO