



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED/EFFECTIVE

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

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: TVP Associates, 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:

305 E. Jefferson, Suite 101, Boise, Idaho 83712

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: 305 E. Jefferson, Suite 101, Boise, Idaho 83712

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) *Larry D. Bishop*
Typed Name Larry D. Bishop

2) *John H. Ullery*
Typed Name John H. Ullery

3) *John W. Hanks*
Typed Name John W. Hanks

Secretary of State use only

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IDAHO SECRETARY OF STATE
03/22/2002 05:00
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