



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: McCall Hanger LLP
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:
3082 East Rivernest Dr., Boise, ID 83706
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: 3082 East Rivernest Dr., Boise, ID 83706
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) *Paul Jorgensen*
Typed Name Paul Jorgensen

2) *Lori Jorgensen*
Typed Name Lori Jorgensen

3) _____
Typed Name _____

Secretary of State use only

IDaho SECRETARY OF STATE
08/23/2004 05:00
CK: 2629 CT: 181656 BH: 762348
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Web Form

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