



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: D & D Floor Installation, 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:
4937 Easy Street , Pocatello, ID 83202-2512
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: _____
4937 Easy Street, Pocatello, ID 83202-2512
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): August 1, 2004

8. Signature of at least 2 partners:

1) David R. Bakken
Typed Name David R. Bakken
2) Darrell Mikesell
Typed Name Darrell Mikesell
3) _____
Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
07/26/2004 05:00
CK: 2179 CT: 107086 BH: 757372
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Web Form

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