



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.

FILED/EFFECTIVE
01 APR 25 AM 8:46
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: GREG & LLOYDE FARMS, 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: N/A

3. The street address of the limited liability partnership's chief executive office is:

2969 S. Frontage Road, American Falls, ID 83211

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: P.O. Box 240, American Falls, ID 83211

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

7. Future effective date (optional): N/A

8. Signature of at least 2 partners:

1) S. Lloyd Herbst
Typed Name S. Lloyd Herbst

2) Gregory G. Cannell
Typed Name Gregory G. Cannell

3) _____
Typed Name _____

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Secretary of State use only

IDAHO SECRETARY OF STATE

04/25/2001 09:00
CX: 017419 CT: 1100 BH: 393200

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