



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
2006 JUL 21 AM 8:39

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: TWJ PROPERTIES, 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:

1192 S. 52 E., IDAHO FALLS, IDAHO 83401

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: 1192 S. 52 E., IDAHO FALLS, IDAHO 83401

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) [Signature]
Typed Name TIM JACKSON

2) [Signature]
Typed Name TWJ IRREVOCABLE TRUST

3) _____
Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
07/21/2006 05:00
CK: 5075 CT: 04514 BH: 965992
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

Web Form

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