



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2005 OCT 24 AM 9:05

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: Double Eagle Enterprises 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: 2200 North Aldercrest Place, Eagle, ID 83616
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: Jeffry G. Israel, 2200 North Aldercrest Place, Eagle, ID 83616
5. The mailing address for future correspondence is: P.O. Box 370, Eagle, ID 83616
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) Jeffry G. Israel
Typed Name Jeffry G. Israel

2) Steven K. Nelson
Typed Name Steven K. Nelson

3) _____
Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
10/24/2005 05:00
CK: 3119 CT: 105638 BH: 918419
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Web Form

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