FILED EFFECT

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

05 SEP 30 AM 9:20

SECRETARY OF STATE
STATE OF IDAHO

(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: Total Comfort HVAC 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:

   5597 S. Jonquil PL Boise ID 83716

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: Ivan D'Brot 5597 S. Jonquil PL. Boise ID 83716

5. The mailing address for future correspondence is: 6568 S. Federal Way Suite 198 Boise ID. 83716

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) Ivan D'Brot

   Typed Name Ivan D'Brot

   2) Thomas Harrison

   Typed Name Thomas Harrison

   3)

   Typed Name

Secretary of State use only

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Web Form

IDAHO SECRETARY OF STATE
09/30/2005 05:00
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