



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

03 NOV -3 PM 12:30

SECRETARY OF STATE
STATE OF IDAHO

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: Trew Development 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:
2229 West State Street, Boise, ID 83702
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A
5. The mailing address for future correspondence is: 2229 West State Street, Boise, ID 83702
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) [Signature]
Typed Name Andrew Owen

2) [Signature]
Typed Name Tim Robb

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/03/2003 05:00
CK: 3276 CT: 174056 BH: 709700
1 @ 100.00 = 100.00 QUALIF LLP # 2

g:\corpforms\qualif.p65 Revised 01/2001

Web Form

J 1064