



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

2015 MAY -8 AM 8:19

The undersigned elects to be a Limited Liability Partnership, and provides the following information to the Secretary of State pursuant to Idaho Code § 53-3-1004

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Black Hills Enterprises 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:
114 W. 1st N. Weston ID, 83286
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 41 Weston ID, 83286
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) Scott R. Vahsholtz

Typed Name Scott R. Vahsholtz

2) Michael Newman

Typed Name Michael Newman

3) _____

Typed Name

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Secretary of State use only

IDAHO SECRETARY OF STATE

05/08/2015 05:00

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1@ 20.00 = 20.00 EXPEDITE C #3

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