



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

1. The name of the limited liability partnership is: All Point Technologies 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:
3773 N. 2250 E. Filer ID 83328
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: 1851 Targhee Drive, Twin Fall ID 83301
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) *GINNY GUNN*
Typed Name GINNY GUNN

2) *CHRISTINE GUNN BAKER*
Typed Name CHRISTINE GUNN BAKER

3) *JAMES GUNN*
Typed Name JAMES GUNN

Secretary of State use only

IDAHO SECRETARY OF STATE
03/20/2009 05:00
CK: 2790 CT: 235300 BH: 1162195
1 @ 100.00 = 100.00 QUALIF LLP # 2

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Web Form

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