



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

05 JUN 16 PM 4:44

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. SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Tamura Brothers 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: 17535 Hwy 95, Wilder, ID 83676

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 275, Homedale, ID 83628

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) *Ken Tamura*

Typed Name Ken Tamura

2) *Ben Tamura*

Typed Name Ben Tamura

3) *Sachiko Tamura*

Typed Name Sachiko Tamura

Secretary of State use only

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IDAHO SECRETARY OF STATE
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