



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2012 JUN -4 AM 9:13

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: BRETZ BOARD AND BEAM, 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:
15605 GRANGEMONT RD, OROFINO, ID, 83544
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: 15605 GRANGEMONT RD, OROFINO, ID, 83544
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): _____

8. Signature of at least 1 partner:

- 1)
Typed Name VERNON A. BRETZ
- 2)
Typed Name JUSTIN K. BRETZ
- 3) _____
Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
06/04/2012 05:00
CK: 8282 CT: 229466 BH: 1326704
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Web Form

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