



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: M.A. BERRETT FAMILY PARTNERSHIP, 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:

601 BRENT ST, POCA TELLO, ID 83201

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: 601 BRENT ST., POCA TELLO, ID 83201

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)

CRAE BERRETT
Typed Name CRAE BERRETT

2)

ANALEE MCDONALD
Typed Name ANALEE MCDONALD

3)

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
03/10/2003 05:00
CK: 27096 CT: 1188 RH: 667577
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01/2001 Revised 01/2001

Web Form

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