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STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2005 FEB -7 PM 3: 02

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-31600F IDAHO

1. The name of the limited liability partnership is: _____
RC Heavy Haulers Limited Liability Partnership

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: _____

3. The street address of the limited liability partnership's chief executive office is:
249 N. Bassett Road, Roberts, Idaho 83444

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: _____
P.O. Box 2688, Idaho Falls, Idaho 83401

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) Charles Thorne
Typed Name Charles Thorne

2) Rudy Guana
Typed Name Rudy Guana

3) _____
Typed Name

Secretary of State use only

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