



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: Freeberg Family
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: N/A
3. The street address of the limited liability partnership's chief executive office is:
217 West Georgia Avenue, Suite 100, Nampa, Idaho 83686
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: Michael E. Huter
217 West Georgia Avenue, Suite 100, Nampa, Idaho 83686
5. The mailing address for future correspondence is: Michael E. Huter
217 West Georgia Avenue, Suite 100, Nampa, Idaho 83686
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) John G. Freeberg

Typed Name John G. Freeberg

2) Bonnie B. Freeberg

Typed Name Bonnie B. Freeberg

3) _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/01/2001 05:00
CK: 1230 CT: 151893 BH: 421853
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