



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: _____

Pacific West Paving and Excavation **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: _____

3. The street address of the limited liability partnership's chief executive office is: _____

301 California Ave; Homedale, ID 83628

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: _____

301 California Ave; 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) Richard L. Cox
Typed Name Richard L. Cox

2) Jasen Skyberg
Typed Name Jasen Skyberg

3) _____
Typed Name _____

FILED EFFECTIVE

NO JUL 14 AM 11:39
SECRETARY OF STATE
STATE OF IDAHO

Secretary of State use only

IDAHO SECRETARY OF STATE
07/14/2003 05:00
CK: CASH CT: 171507 BH: 690990
1 @ 100.00 = 100.00 QUALIF LLP # 2

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