



# 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

FILED EFFECTIVE  
2005 MAR -2 AM 9:26

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability partnership is: Essential Glass Works, L.L.P.
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:  
121 North Polk Street Moscow, ID 83843
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: 121 North Polk Street Moscow, ID 83843
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): 1-1-05

8. Signature of at least 2 partners:

1) Michael J. McCoy  
Typed Name Michael J. McCoy

2) Nancie E. McCoy  
Typed Name Nancie E. McCoy

3) Heather J. McCoy  
Typed Name Heather J. McCoy

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Secretary of State use only

IDAHO SECRETARY OF STATE  
03/02/2005 05:00  
CK: 8644 CT: 186593 BH: 795974  
1 @ 100.00 = 100.00 QUALIF LLP # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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