

## STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2000 MAY 12 PM 1:57

	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 ALE OF IDAHO
1.	The name of the limited liability partnership is:
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:  12632 W. TYHEE RD Pocatello, ID 83202
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: 12632 W. TYHEE RD , POCATELLO ,ID 83202
	The above-named partnership elects to be a limited liability partnership.
	Future effective date (optional):
8.	Signature of at least 2 partners:    1)