

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

	(Instructions on back of application)
	ersigned elects to be a Limited Liability Partnership, and submits the following ion to the Secretary of State pursuant to Idaho Code § 53-3-1001
1. The nam	ne of the limited liability partnership is: L Bar Z Promotions LLP
2. If previou	usly filed a statement of partnership, the name used in that statement is: $_{\rm N/A}$
The date	it was filed with the Idaho Secretary of State's Office was: N/A
3. The stree	et address of the limited liability partnership's chief executive office is:
	23736 Highway 30 Murtaugh, Idaho 83344
	rtnership does not have an office in the state of Idaho, the name and address of tered agent is: 2eb Bell
	23736 Highway 30 Murtaugl, ID 83344
5. The maili	ing address for future correspondence is:
	23736 Highway 30 Murtaugh, ID 83344
	e-named partnership elects to be a limited liability partnership. ffective date (optional): Hopefully ASAP - Dec. 1, 2002??
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