



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

08 SEP 15 PM 1:06

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  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability partnership is: D J S, LLP

2. If previously filed a statement of partnership, the name used in that statement is:  
Not applicable

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:

228 Shamrock, Bonners Ferry, Idaho 83805

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: Office address is as set forth in No. 3 above.

5. The mailing address for future correspondence is: \_\_\_\_\_

228 Shamrock, Bonners Ferry, Idaho 83805

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): Date of filing

8. Signature of at least 2 partners:

1) Donald S. Feri

Typed Name DONALD S. FERI

2) [Signature]

Typed Name JIMMY LEE BALL

3) \_\_\_\_\_

Typed Name \_\_\_\_\_

Secretary of State use only

g:\com\forms\qualip.p65 Revised 01/2001

IDAHO SECRETARY OF STATE  
09/15/2008 05:00  
CK: 5248 CT: 229754 BH: 1136005  
1 @ 100.00 = 100.00 QUALIF LLP # 2

J1781