



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2007 JAN 17 AM 8:54

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

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Idaho Foreclosure Assistance LLP
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: 1409 N 59th - Nampa, ID 83687
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: 1409 N 59th - Nampa, ID 83687
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) *Phil Horton*
Typed Name Phil Horton

2) *Glenda Torrence*
Typed Name Glenda Torrence

3) _____
Typed Name _____

Secretary of State use only

stcompsqualif.j65 Revised 01/2001

IDAHO SECRETARY OF STATE
01/17/2007 05:00
CK: 3461 CT: 192986 BH: 1826796
1 @ 100.00 = 100.00 QUALIF LLP # 2

Web Form

J1549