



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

1. The name of the limited liability partnership is: RESIDENTIAL RECYCLING LLP
2. If previously filed a statement of partnership, the name used in that statement is:
N/A
- 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:
15408 BULLRUN ROAD
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A
5. The mailing address for future correspondence is: 15408 BULLRUN ROAD
CATALDO, IDAHO 83810
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): NOW

8. Signature of at least 2 partners:

1) Evelyn Rorie

Typed Name EVEKYN RORIE

2) Andrew V. Rorie

Typed Name ANDREW V. RORIE

3) _____

Typed Name _____

FILED EFFECTIVE
2004 JUN 22 PM 2:04

IDAHO SECRETARY OF STATE

Secretary of State use only

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06/22/2004 05:00
CK: 3385 CT: 188196 BH: 751779
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