



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

2006 APR 17 AM 10:16

(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

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: LOS COMPADRES CONSTRUCTION, 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:

163 N 2ND AVE NAMPA, IDAHO 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:

163 N 2ND AVE NAMPA, IDAHO 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) Francisco J Castaños
Typed Name FRANCISCO J CASTAÑOS

2) Noe Ramos
Typed Name NOE RAMOS

3) _____
Typed Name

g:\corporations\qualif.p05 Revised 01/2001

Secretary of State use only

IDAHO SECRETARY OF STATE
04/17/2006 05:00
CK: 1511 CT: 192263 BH: 949650
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Web Form

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