



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2005 DEC 20 PM 1:02

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: Michael Poulton & Katherine Poulton, L.L.P.

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:

605 West 2200 South, Oakley, Idaho 83346

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: 605 West 2200 South, Oakley, Idaho 83346

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) Michael A. Poulton

Typed Name Michael A. Poulton

2) Katherine S. Poulton

Typed Name Katherine S. Poulton

3) _____

Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
12/20/2005 05:00
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Web Form