



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

02 APR 24 AM 9:07

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: KING'S OF OROFINO 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:
1032 IDAHO AVENUE, BURLEY ID 83318
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: PO BOX 669, BURLEY ID 83318-0669
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): 8-1-02

8. Signature of at least 2 partners:

1) [Signature]
Typed Name TOM E. KING

2) [Signature]
Typed Name RAY OHLAUG

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/24/2002 05:00
CK: 35539 CT: 123831 BH: 461472
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