



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED/EFFECTIVE

JUL 27 PM 2:20
STATE OF IDAHO

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: HUNSAKER HOLSTEIN, 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:

120 Clear Creek Drive, Buhl, ID 83316

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: 120 Clear Creek Drive, Buhl, ID 83316

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): Date of signing

8. Signature of at least 2 partners:

1) Shawn Hunsaker

Typed Name Shawn D. Hunsaker

2) Rachael Hunsaker

Typed Name Rachael M. Hunsaker

3) _____

Typed Name _____

s:\comptormis\qualip.p65 Revised 01/2001

Secretary of State use only

IDAHO SECRETARY OF STATE
07/30/2001 05:00
CK: 1006 CT: 132861 BH: 410297
1 @ 100.00 = 100.00 QUALIF LLP # 2

J 784