

FILED/EFFECTIVE

26 Dec. 18. 2001 12:06PM D&D

No. 0193 P. 3/5



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

02 JAN -9 AM 8:59
SECRETARY OF STATE
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: Tack-Elan L.L.P.

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:

3245 S. 55th West Idaho Falls, ID 83402

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: 3245 S. 55th West Idaho Falls

Idaho 83402

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) Julie Sherwood

Typed Name Julie Sherwood

2) Arlene Lynne Trinklein

Typed Name Arlene Lynne Trinklein

3) _____

Typed Name _____

01/2001
Revised
01/2001

Secretary of State use only

IDAHO SECRETARY OF STATE
01/09/2002 05:00
CK: NO CK # CT: 155533 BH: 439057
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