STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP APR -6 AM 10: 10

(instructions on back of application)	SEURLIALLY OF STAT
ned elects to be a Limited Liability Partnership.	and Submits the following

	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
	The name of the limited liability partnership is: DKH Destiny Farm, L.L.P
••	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:
٠.	The street address of the limited liability partnership's chief executive office is: 14138 Destiny Place , Caldwell, Idaho 83607
•	If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is:
	The mailing address for future correspondence is: P.O.Box 386 Middleton, Idaho 83644
	The above-named partnership elects to be a limited liability partnership.
	Future effective date (optional):
	Signature of at least 2 partners:
	n Double 11
	Typed Name Richard Dean Heliums Secretary of State use only
	Typed Name Kimberly R Hellums 3)
	Typed Name 9 4/06/2009 05:00