



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

AUG 22 AM 8:37

(Instructions on back of application)

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: JTS AUTO WHOLESALE 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: 2017 N. Midland Blvd. Nampa, ID 83651
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: 2017 N. Midland Blvd Nampa, ID 83651
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) [Signature]
Typed Name Tracy Alberts
- 2) [Signature]
Typed Name Jeremy Myers
- 3) _____
Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
08/22/2007 05:00
CK: 5025 CT: 216712 BH: 1071923
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

Web Form

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