



STATEMENT OF QUALIFICATION OF FILED EFFECTIVE LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application) 2006 NOV 13 PM 1:07

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

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: M&M Haroldsen 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:

5660 West 4920 North Mackay Idaho 83251

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: MORGAN C. HAORLDSEN

5660 WEST 4920 NORTH MACKAY ID 83251

5. The mailing address for future correspondence is: 5660 West 4920 North Mackay Idaho 83251

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) *Morgan C. Haroldsen*
Typed Name Morgan C. Haroldsen

2) *Matthew A. Haroldsen*
Typed Name Matthew A. Haroldsen

3) _____
Typed Name _____

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Secretary of State use only

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Web Form

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