

STATEMENT OF QUALIFICATION OF ILED EFFECTIVE LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application) 2005 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 \$53.3-400 ATE 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 |
| J. | 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 88251 |
| . 1 | The above-named partnership elects to be a limited liability partnership. |
| | Future effective date (optional): |
| | |
| | |
| | Signature of at least 2 partners: |
| 1 | Typed Name Morgan C. Haroldsen Secretary of State use only |
| 2 | WOTT G. Frunt |
| <u>ן</u> | Typed Name Matthew A. Haroldsen |
| • | yped Name IDAHO SECRETARY OF STATE 11/13/2006 05=00 |
| | Web Form CK: 1471 CT: 206449 BH: 1013368 1 @ 100.00 = 100.00 QUALIF LLP # |