



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

JAN 30 PM 3:11

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: J-Z Drywall 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:

1017 W. 12th St. Meridian, ID 83642

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: 1017 W. 12th St. Meridian, ID 83642

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 James Anthony Dopieralski

2) [Signature]
Typed Name Zachary Taylor Mathews

3) _____
Typed Name _____

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Secretary of State use only

IDAHO SECRETARY OF STATE
01/30/2004 05:00
CK: CASH CT: 176161 BH: 724779
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