



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(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: Bideganeta Family 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: 555 East 16th North, Mountain Home, Idaho 83647
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: 555 East 16th North, Mountain Home, Idaho 83647
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 John F. Bideganeta

2) [Signature]

Typed Name John C. Bideganeta

3) _____

Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
12/07/2007 05:00
CK: 2708 CT: 5421 BH: 1088731
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Web Form

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