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FILED EFFECTIVE



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

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: Troika Restoration, 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:  
243 North University Avenue, Blackfoot Idaho 83221
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: 243 North University Avenue, Blackfoot Idaho 83221
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) Sean C. Williams  
Typed Name Sean C. Williams

2) Jason Young  
Typed Name Jason Young

3) \_\_\_\_\_  
Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/27/2004 05:00  
CK: 122730237847CLH CT: 172099 BH: 783723  
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