

## STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERS HIP PR 25 AM 8: 44

(Instructions on back of application)

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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:			
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:			
	16121 BROKEN TOP NAMPA, IDAHO 83651			
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:			
	The above-named partnership elects to be a limited liability partnership.			
1.	Future effective date (optional):			
3.	Signature of at least 2 partners:			
	1) Ver non (66mc) Secretary of State use only			
	Typed Name HERNAN GOMEZ  2) FG / G LOD JG D			
	Typed Name FELIPE LANDERO  3)  Typed Name  IDAHO SECRETARY OF STATE  94/25/2006 95:00  CK: 1512 CT: 192263 BH: 951204  1 9 100.00 = 108.00 QUALIF LLP #			
•	Typed Name 1 9 190.00 = 108.00 QUALIF LLP #			