

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP 006 APR 14 AM 9: 21

(Instructions on back of application)

The undersigned elects to be a Limited Liability Partnership, and subrolls the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1.	The name of the limited liability partnership is: TWINS FRAMING 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: 1303 TETON AVE, CALDWELL, IDAHO 83605
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. Future effective date (optional):
	Signature of at least 2 partners:
:	Typed Name VICTOR DANIEL GODOY LAMAS 2) Jose L. Godoy Typed Name JOSE LUIS GODOY LAMAS 3) Typed Name Typed Na

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