



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: LAZOS' ROOFING & SIDING 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:

2506 Sea Breeze St Caldwell, ID 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: 2008 W ALDBURY AVE NAMPA, IDAHO 83651

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) Armando Lazo

Typed Name Armando Lazo

2) Leonel Lazo

Typed Name LEONEL LAZO

3) _____

Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
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CK: 1500 CT: 192263 BH: 944275
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