



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: Sorensons' Fisheries, L.L.P.
2. If previously filed a statement of partnership, the name used in that statement is:
N/A
- The date it was filed with the Idaho Secretary of State's Office was: N/A
3. The street address of the limited liability partnership's chief executive office is:
330 Morris Drive, 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: N/A
5. The mailing address for future correspondence is: 330 Morris Drive, 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) Dennis E. Sorenson
Typed Name Dennis E. Sorenson
- 2) Bruce Sorenson
Typed Name Bruce Sorenson
- 3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/30/2004 05:00
CK: 18834 CT: 5421 BH: 724660
1 @ 100.00 = 100.00 QUALIF LLP # 2

51102