



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: SURGE CONTROL, 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:
9 BEAR RIDGE ROAD , WHITE BIRD , IDAHO, 83554
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: P.O. BOX 125 , WHITE BIRD , ID. 83554
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) William F. Wilson

Typed Name WILIAM F. WILSON

2) Juanita K. Wilson

Typed Name JUANITA K. WILSON

3) _____

Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
01/22/2004 05:00
CK: 1753 CT: 143934 BN: 722978
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