



STATEMENT OF QUALIFICATION OF FILED EFFECTIVE LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

08 FEB -6 AM 8:45

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-31001

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: G & C Enterprises, 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:
112 South Front Street Elk River, ID 83827
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 A
Elk River, ID 83827
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)

James J Green
Typed Name James J Green

2)

Greta A Clark
Typed Name Greta A Clark

3)

Typed Name

Secretary of State use only

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IDAHO SECRETARY OF STATE
02/06/2008 05:00
CK: 1885 CT: 222316 BH: 1898424
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Web Form