



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED
2003 JUN 10 AM 8:19

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-108.

1. The name of the limited liability partnership is: INSPECTORS CHOICE 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: 220 N MAIN ST. PAYETTE, ID 83661
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: 220 N MAIN ST. PAYETTE, ID 83661
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): 07/01/2003

8. Signature of at least 2 partners:

1) Daniel W. Neill

Typed Name DANIEL W NEILL

2) Kenneth P. Shurte

Typed Name KENNETH P SHURTE

3) _____

Typed Name _____

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Secretary of State use only

IDAHO SECRETARY OF STATE
06/10/2003 05:00
CK: 5584 CT: 170676 DN: 685149
1 @ 100.00 = 100.00 QUALIF LLP # 2

Web Form

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