



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

2012-DEC 24 AM 9:17

(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: Wickel Land Company, 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: 1084 East 300 North, Declo, Idaho 83323
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: 1084 East 300 North, Declo, Idaho 83323
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): Not applicable

8. Signature of at least 2 partners:

1) Ardel W. Wickel
Typed Name Ardel W. Wickel

2) Judy M. Wickel
Typed Name Judy M. Wickel

3) Jesse D. Wickel
Typed Name Jesse D. Wickel

Secretary of State use only

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