

FILED/EFFECTIVE

AUG 23 3 58 PM '01

SECRETARY OF STATE
STATE OF IDAHO



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: Tri-Well, LLP

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:
488 South Waterton Ave. Eagle, Idaho 83616

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:
488 South Waterton Ave. Eagle, Idaho 83616

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) [Signature]

Typed Name Scott G. Stilwell

2) [Signature]

Typed Name M. Dale Stilwell

3) _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
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