

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP: AH 10: 02

ELED EFFECTIVE

(Instructions on back of application) SECRETARY OF STATE
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

| The name of the limited liability partnership is: | Ranch, L.L.P. |
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| . If previously filed a statement of partnership, the name use | ed in that statement is: |
| The date it was filed with the Idaho Secretary of State's O | ffice was: N/A |
| The street address of the limited liability partnership's chief | f executive office is: |
| 596 Graves Creek Road, Cottonwood, Idaho 83522 | |
| If the partnership does not have an office in the state of Ida the registered agent is: N/A/ | aho, the name and address of |
| The mailing address for future correspondence is: 596 Grave Cottonwood, Idaho 83522 | es Creek Road, |
| The above-named partnership elects to be a limited liability p | partnership. |
| Future effective date (optional): N/A/ | |
| en e | |
| Signature of at least 2 partners: | |
| 1) Michael Von Bargon | |
| Typed Name Michael Von Bargen | Secretary of State use only |
| 2) Pessiva | |
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| | Thoug crossess. |
| Typed Name Teena Von Bargen State of the Control o | IDAHO SECRETARY OF STATE 06/26/2006 05:00 CK: 1888 CT: 261758 BH: 96286 1 8 188.89 = 188.89 QUALTE LID |

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