



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

FILED/EFFECTIVE
01 DEC 12 AM 8:06
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: KING'S OF JOHN DAY 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:

1032 IDAHO AVENUE, BURLEY IDAHO 83318

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: PO BOX 669, BURLEY IDAHO 83318-0669

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)

Typed Name TOM E. KING

2)

Typed Name RAY OHLAUG

3)

Typed Name _____

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Secretary of State use only

IDAHO SECRETARY OF STATE
12/12/2001 05:00
CK: 34829 CT: 136530 BH: 434120
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