



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
RECEIVED
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: _____
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: 434128
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