



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2005 JAN 19 AM 10:00

FILED EFFECTIVE

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-100.

1. The name of the limited liability partnership is: Swensen Development 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:  
409 Shoshone Street West, Suite #11 Twin Falls, ID 83301
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: 409 Shoshone Street West, Suite #11  
Twin Falls, ID 83301
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) Benjamin Swensen  
Typed Name BENJAMIN SWENSEN

2) Andrew Swensen  
Typed Name ANDREW SWENSEN

3) \_\_\_\_\_  
Typed Name \_\_\_\_\_

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Secretary of State use only

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01/19/2005 05:00  
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