

263



STATEMENT OF QUALIFICATION OF FILED EFFECTIVE LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2005 JAN 19 AM 10:00

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-1007

STATE OF IDAHO

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: _____
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 _____

Secretary of State use only

g:\opt\lms\id\llp\1065 Revised 012001

IDAHO SECRETARY OF STATE
01/19/2005 05:00
CK: 462633 CT: 172699 BH: 787979
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

J1238