



APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED/EFFECTIVE
01 JAN -2 AM 9:07
STATE OF IDAHO

The undersigned partnership hereby applies for registration as a Limited Liability Partnership, and submits the following information pursuant to Idaho Code § 53-343A.

1. The name of the partnership is Arkoosh & James LLP
2. Its principal office is located at 301 Main Street, P.O. Box 32, Gooding
Idaho 83314
3. Its registered office in Idaho is located at 301 Main Street, P.O. Box 32,
Gooding, Idaho 83314, and the name of the registered
agent at that address is C. Tom Arkoosh
4. The partnership is organized in the state of Idaho
5. The nature of its business is the professional practice of law
6. The name(s) and address(es) of at least one partner:

<u>Name</u>	<u>Address</u>
<u>C. Tom Arkoosh</u>	<u>P.O. Box 32, Gooding, Idaho 83314</u>
<u>Joseph F. James</u>	<u>P.O. Box 32, Gooding, Idaho 83314</u>
_____	_____
7. Other matters (optional):

8. Signature(s) of at least one partner listed in item 6.

Joseph F. James

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IDAHO SECRETARY OF STATE

01/02/2001 09:00
CK: 12400 CT: 69953 BH: 370104

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