

## STATEMENT OF QUALIFICATION OF FILED EFFECTIVE

(Instructions on back of application)

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SECHELLA OF STATE

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

1.	The name of the limited liability partnership is:
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: 12/8/05
3.	The street address of the limited liability partnership's chief executive office is:
	2901 S Curtis Rd Boise, ID 83705
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: 2901 S Curtis Rd Boise, ID 83705
6.	The above-named partnership elects to be a limited liability partnership.
7.	Future effective date (optional): 1/01/06
8.	Signature of at least 2 partners:
	1) 17 2 Secretary of State use only
	TypedName Troy Nelson
	S Heeks
	Typed Name Andrew Stolworthy  3)  IDAHO SECRETARY OF STATE  12/08/2005 05:00  CK: CASH CT: 194420 PM: 2005
	Typed Name Andrew Stolworthy  3)  Typed Name  Typed Name