FILED EFFECTIVE

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

08 SEP -2 AM 9:25

SECRETARY OF STATE
STATE OF IDAHO

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: OG Team Idaho, 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:
   440 Ward Dr, Blackfoot, Idaho 83221

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: 440 Ward Dr., Blackfoot, ID 83221

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 Kebbie Wheeler

   2) _____
   Typed Name Layne Giles

   3) _____
   Typed Name

Secretary of State use only

gfcomplformsllcqualify.pdf Revised 01/2001

Web Form

IDAHO SECRETARY OF STATE
09/02/2008 05:00
CK: 6169 CT: 229341 BH: 1134814
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

J1776