

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

08 SEP -2 AM 9: 25

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-31 100 F IDAHO

| 1. The name of the limited liability partnership is: | OG Team Idaho, LLP |
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| 2. If previously filed a statement of partnership, the | |
| The date it was filed with the Idaho Secretary of | of State's Office was: |
| 3. The street address of the limited liability partner 440 Ward Dr. Blackfoot, Idaho 83221 | rship's chief executive office is: |
| If the partnership does not have an office in the the registered agent is: | e state of Idaho, the name and address of |
| 5. The mailing address for future correspondence | is: 440 Ward Dr., Blackfoot, ID 83221 |
| 6. The above-named partnership elects to be a lin | 1 |
| 7. Future effective date (optional): | |
| 8. Signature of at least 2 partners. | Secretary of State use only |
| Typed Name Kebbie Wheeler 2) Typed Name Layne Giles 3) Typed Name | IDAHO SECRETARY OF STATE 9/02/2008 05:00 CK: 6169 CT: 229341 BH: 1134814 1 9 198.88 = 188.86 QUALIF LLP # 1 9 28.86 = 28.86 EXPEDITE C # |

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