



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

03 APR 10 PM 1:55

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. SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: ACMCR Partnership 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:

35 West Idaho Street, Weiser, Idaho 83672

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: 35 West Idaho Street, Weiser, Idaho 83672

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) Clarence R. Stark

Typed Name : Clarence R. Stark

2) Raymond G. Stark

Typed Name : Raymond G. Stark

3) _____

Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
04/10/2003 05:00
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