

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE
2007 JUN 18 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 § 53-1001

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: TOLMAN, 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:
412 South 200 East, Jerome, Idaho 83338
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: 412 South 200 East, Jerome, Idaho 83338
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) *Randall Tolman*
Typed Name RANDALL TOLMAN
 - 2) *J. D. Tolman*
Typed Name J. D. TOLMAN
 - 3) _____
Typed Name _____

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Secretary of State use only

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IDAHO SECRETARY OF STATE
06/18/2007 05:00
CK: 8614 CT: 174393 BH: 1060566
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Web Form