

STATEMENT OF QUALIFICATION DED EFFECTIVE LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2006 JUL -5 AM 9: 12

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-100 FIATE OF IDAHO

. The name of the limited liability partnership is: Cinco Tra	npsportation, LLP
If previously filed a statement of partnership, the name t	used in that statement is:
The date it was filed with the Idaho Secretary of State's	Office was:
The street address of the limited liability partnership's ch 205 Lenz Ave S., Hazelton, ID 83335	ief executive office is:
If the partnership does not have an office in the state of I the registered agent is:	daho, the name and address of
The mailing address for future correspondence is: 205 Leg	nz Ave. S., Hazelton, ID 83335
The above-named partnership elects to be a limited liability	y partnership.
Future effective date (optional):	
	-
Signature of at least 2 partners:	
Voed Name Elias R. Torres	Secretary of State use only
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The second secon	Gederally of State use only
yped Name Cindy L. Torres	Oscietally of State use only
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