



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2013 FEB 19 AM 9:55

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-351001

1. The name of the limited liability partnership is: BLUE SLOPE 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:

450 WHITEBIRD ST., GRANGEVILLE, ID 83530

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: _____
645 EAST F STREET, MOSCOW, ID 83843

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) *Patrick J. Griswold*
 Typed Name PATRICK J. GRISWOLD

2) _____
 Typed Name JASON LUNDERS

3) *Jason Lunders*
 Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 02/19/2013 05:00
 CK: 1044 CT: 229325 RH: 1360806
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Web Form

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