

FILED EFFECTIVE



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

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

1. The name of the limited liability partnership is: LWQJ Enterprises ~~Retreat~~ L.L.P.
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: 55 S. Pit Ln Nampa Id 83687
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: 55 S. Pit Ln
Nampa Id 83687
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) Travis Tripple
Typed Name Travis Tripple
- 2) Tate Tripple
Typed Name Tate Tripple
- 3) _____
Typed Name _____

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Secretary of State use only

IDAHO SECRETARY OF STATE
04/14/2004 05:00
CK: 4838 CT: 71282 BH: 739186
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 CORP SUR # 3

J 1132