## STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

## FILED EFFECTIVE

(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 2006 JAN 30 P	2: 09
1.	The name of the limited liability partnership is:  Nontypical Drywall L.L.P.  SECRETARY	STATE
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:	
	532 S. Johnson Pocatello, ID 83204	
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: P.O. Box 1542	
	Pocatello, ID 83204	
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) Aug A R Count  Secretary of State use only	
	Typed Name Joseph Covert	
	2)-Michal Zurane	
	TypedName Michael Quarve	
	3)	
	Typed Name	

IDAHO SECRETARY OF STATE
01/31/2006 05:00
CK: 241 CT: 196483 BH: 935025
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