



STATEMENT OF QUALIFICATION OF FILED EFFECTIVE LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

11 JAN 24 AM 8:56

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: TRAILSIDE GENERAL STORE 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:

6170 SOUTH MAIN, TETONIA, ID 83452

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: PO Box 207, Teton, ID 83452

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) [Signature]
Typed Name Dave Oveson for Teton Traders LLC

2) [Signature]
Typed Name Jeff Battle for Lock N Load LLC

3) _____
Typed Name _____

Secretary of State use only

g:\corpforms\qualip.pdf Revised 01/2001

IDAHO SECRETARY OF STATE
01/24/2011 05:00
CK: 1151 CT: 188882 BH: 1256640
1 @ 100.00 = 100.00 QUALIF LLP # 3
1 @ 20.00 = 20.00 EXPEDITE C # 4

✓ 2042