



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: Davidson Land Company, 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:
170 Telemark Road Sandpoint ID 83864-6222
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: _____
170 Telemark Road, Sandpoint, ID 83864-6222
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) *George W. Davidson*

Typed Name George W. Davidson

2) *Kevin L. Davidson*

Typed Name Kevin L. Davidson

3) _____

Typed Name _____

Secretary of State use only

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04/15/2002 05:00
CK: 406 CT: 159562 BH: 459320
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Web Form

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