

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIF

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(Instructions on back of application)

SECRETARY OF STATE

The undersigned elects to be a Limited Liability Partnership, and submits the following HO information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1.	The name of the limited liability partnership is:
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: 28400 Harvey Rd., Caldwell, Idaho 83607
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:
ŝ.	The above-named partnership elects to be a limited liability partnership.
7.	Future effective date (optional):
8.	Signature of at least 2 partners: 1) Secretary of State use only Typed Name Bernie Jestrabek-Harv 2) Mullenberg Typed Name James Mullenberg IDAHO SECRETARY OF STATE 68/31/2667 65:66 CK: 2812 CT: 217973 BH: 1873512

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