



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

PH 12:02
SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

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: Wilmot Painting, 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:

25 B East 100 South Jerome, ID 83338

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is:

CRAIG S. WILMOT 25B EAST 100 SOUTH JEROME ID 83338

5. The mailing address for future correspondence is:

25 B. East 100 South Jerome, ID 83338

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): 9-1-05

8. Signature of at least 2 partners:

1)
Typed Name Craig S. Wilmot

2)
Typed Name JOSH L. WILMOT

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/25/2005 05:00
CK: 600094 CT: 172099 BH: 900070
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