



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

2002 DEC 18 AM 8:31
SECRETARY OF STATE
IDAHO

1. The name of the limited liability partnership is: TOMCO L.L.P.
2. If previously filed a statement of partnership, the name used in that statement is:
N/A
- The date it was filed with the Idaho Secretary of State's Office was: N/A
3. The street address of the limited liability partnership's chief executive office is:
3423 MANCHESTER DRIVE CALDWELL IDAHO 83605
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A
5. The mailing address for future correspondence is: 3423 MANCHESTER DRIVE CALDWELL IDAHO 83605
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): AS PER FILING DATE

8. Signature of at least 2 partners:

1) *Thomas S. Long*

Typed Name THOMAS S. LONG

2) *Patricia M. Long*

Typed Name PATRICIA M. LONG

3) _____

Typed Name _____

Secretary of State use only

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Web Form

IDAHO SECRETARY OF STATE
12/18/2002 05:00
CK: 903 CT: 165833 BH: 652879
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

Jay