



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

MAR 11 AM 9:13

SECRETARY OF STATE
STATE OF IDAHO

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

1. The name of the limited liability partnership is: Green Light Driving School 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: _____
3. The street address of the limited liability partnership's chief executive office is:
926 W. Clark Street, Pocatello, ID, 83204
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: 926 W. Clark Street,
Pocatello, ID, 83204
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) Tonya Wilkes
Typed Name Tonya Wilkes

2) Kendra Wilkes
Typed Name Kendra Wilkes

3) Kendra Wilkes
Typed Name _____

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Secretary of State use only

IDAHO SECRETARY OF STATE
03/11/2004 05:00
CK: 621 CT: 177364 BH: 732362
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