



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

10 MAY -5 AM 8:27

SECRETARY OF STATE
STATE OF IDAHO

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: Co Ho 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:

5440 W Buckskin Rd Pocatello ID 83201

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: 5540 W Buckskin Rd Pocatello ID 83201

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)

Typed Name Zhen Liu

(2)

Typed Name Philip K. Murphy

3)

Typed Name

Secretary of State use only

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05/05/2010 05:00
CK: 517367 CT: 247671 BN: 1228787
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Web Form

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