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FILED EFFECTIVE

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2007 JAN 26 AM 10: L

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: Tolo Properties 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:
101 W Main St Grangeville, Idaho 83530
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: PO Box 247 Grangeville, Idaho 83530
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) Todd M. Wiltse
 Typed Name Todd M Wiltse
 - 2) Hada M. Wiltse
 Typed Name Hada M Wiltse
 - 3) _____
 Typed Name _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 01/08/2007 05:00
 CK: 1814386 CT: 172099 BH: 1824373
 1 @ 100.00 = 100.00 QUALIF LLP # 4

Web Form

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