



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED EFFECTIVE
2012-09-25

(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

1. The name of the limited liability partnership is: WILLTRUST, 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:
3113 South 25th East, Idaho Falls, Idaho 83406
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: _____
Trust Department, P.O. Box 1887, Idaho Falls, Idaho 83403
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) *Thomas J. Romrell*
Typed Name Thomas J. Romrell
- 2) *Ronald M. Johnson*
Typed Name Ronald M. Johnson
- 3) _____
Typed Name _____

Secretary of State use only

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01/09/2012 05:00
CK: 55268 CT: 2034 BH: 1305104
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1 @ 20.00 = 20.00 EXPEDITE C # 3

Web Form

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