



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

FILED EFFECTIVE
2004 MAR -1 AM 9:15
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: WEST FISHBONE L.L.P.
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:
117 W. 4th St., CLARK FORK, ID. 83811
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: _____
P.O. BOX 490, CLARK FORK, ID. 83811
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) James J. Junget
Typed Name JAMES J. JUNGET

2) Katie M. Junget
Typed Name KATIE M. JUNGET

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/01/2004 05:00
CK: 3944 CT: 176972 BH: 730121
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