



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

09 MAR 26 AM 10:45

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability partnership is: Cool-Tech Refrigeration 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:

3420 East HOMEDALE RD Caldwell Idaho 83605

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: _____

3420 E Homedale Rd Caldwell Idaho 83605

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)

David Tucker
Typed Name David Tucker

Tracy Tucker
Typed Name Tracy Tucker

3)

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
03/26/2009 05:00
CK: 217049 CT: 172099 DH: 1163026
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Web Form

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