



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

1. The name of the limited liability partnership is: Gushwa-Clouse. LLP

2. If previously filed a statement of partnership, the name used in that statement is:
NA

The date it was filed with the Idaho Secretary of State's Office was: NA

3. The street address of the limited liability partnership's chief executive office is:

1320 Cedar Lake Rd. , Pocatello, ID. 83204

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: Doug Gushwa , 1320 Cedar Lake Rd. , Pocatello, ID. 83204

5. The mailing address for future correspondence is: As above #4

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): 11-1-2008

8. Signature of at least 2 partners:

1)

Doug Gushwa
Typed Name Doug Gushwa

2)

Richard Clouse
Typed Name Richard Clouse

3)

Typed Name

Secretary of State use only

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10/17/2008 05:00
CK: 8453 CT: 238648 BH: 1140504
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Web Form

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