



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: Workers Comp Solutions, LLP
2. If previously filed a statement of partnership, the name used in that statement is:
not applicable
- The date it was filed with the Idaho Secretary of State's Office was: not applicable
3. The street address of the limited liability partnership's chief executive office is:
not applicable
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: 210 West Center Street, Victor, ID 83455
5. The mailing address for future correspondence is: PO Box 671, Victor, ID 83455
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) Heather Stewart

Typed Name Heather Stewart

2) Kathleen Bellerose

Typed Name Kathleen Bellerose

3) _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/20/2003 05:00
CK: NO CK # CT: 172326 BH: 697452
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