



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP FILED EFFECTIVE

(Instructions on back of application)

07 FEB -9 AM 11:40

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

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Tn TAG Service R.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:

Trent Green 2915 S Powerline Nampa, ID 83686

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: TNT Ag Service R.LLP

2929 S. Powerline Nampa, ID 83686

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) Trent Green

Typed Name Trent Green

2) Todd Logan

Typed Name Todd Logan

3)

Typed Name

Secretary of State use only

File # 1562
Revised 6/7/2001
Form # 53-3-1001
Web Form

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IDAHO SECRETARY OF STATE
02/09/2007 05:00
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