



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

02 JAN -3 AM 9:16

FILED/EFFECTIVE

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: Arkoosh & James, LLP

2. If previously filed a statement of partnership, the name used in that statement is: Arkoosh & James, LLP

The date it was filed with the Idaho Secretary of State's Office was: 01/02/2001

3. The street address of the limited liability partnership's chief executive office is: 301 Main Street; Gooding, Idaho 83330

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 32; Gooding, ID 83330

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) *Arkoosh Law Office Chartered by CO*
Typed Name C. Tom Arkoosh

2) *Joseph F. James*
Typed Name Joseph F. James

3) *Philip A. Brown*
Typed Name Philip A. Brown

Secretary of State use only

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IDAHO SECRETARY OF STATE
01/03/2002 05:00
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