



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2012 MAR 21 PM 1:23

SECRETARY OF STATE

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: 3P Properties RLLP

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:

293 11th Street, Idaho Falls, Idaho 83404

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: 293 11th Street, Idaho Falls, Idaho 83404

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)

Gary C. Patrick
Typed Name Gary C. Patrick

2)

Karyl A. Edgerton
Typed Name Karyl A. Edgerton

3)

Robert D. Patrick
Typed Name Robert D. Patrick

Secretary of State use only

IDAHO SECRETARY OF STATE
03/21/2012 05:00
CK: CASH CT: 182149 BH: 1316214
1 @ 100.00 = 100.00 QUALIF LLP # 2

J:\comp\lms\qualip.p65 Revised 01/2001

J2157