



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP FILED EFFECTIVE

(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

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability partnership is: EASTERN IDAHO AUTO MART 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: 2003 JUN 10

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

1725 1<sup>ST</sup> STREET IDAHO FALLS, ID 83401

SECRETARY OF STATE  
STATE OF IDAHO  
AM 8:59

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:

1725 1<sup>ST</sup> STREET IDAHO FALLS, ID 83401

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)

Typed Name

STEVE OCKERMAN

Secretary of State use only

2)

Typed Name

ED CLEMENTS

3)

Typed Name

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06/10/2003 05:00  
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