



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 MARI 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: _____

1725 1ST STREET IDAHO FALLS, ID 83401

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 1ST 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

2)

Typed Name

ED CLEMENTS

3)

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
06/10/2003 05:00
CK: 3298 CT: 87975 BN: 685147
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