



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(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

1. The name of the limited liability partnership is: Eastport PSR, LLP

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

Eastport PSR

The date it was filed with the Idaho Secretary of State's Office was: 4-24-2006

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

7222 Main Street, Bonners Ferry, Idaho 83805

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A

5. The mailing address for future correspondence is: P.O. Box 1093, Bonners Ferry, ID 83805

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional):

\$20 for expedited

8. Signature of at least 2 partners:

1) Anna Lee Harris
Typed Name Anna Lee Harris

2) Eileen Gau
Typed Name Eileen Gau

3) _____
Typed Name _____

Secretary of State use only

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Revised
01/2001
Web Form

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03/19/2007 05:00
CK: 655 CT: 211023 BH: 1040600
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