



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: GILBERT RUSSELL LIMITED LIABILITY PARTNERSHIP

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:

360 E. NORTH AVE., HAGERMAN, ID 83332

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 271, HAGERMAN, ID 83332

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) Patrick Russell

Typed Name PATRICK RUSSELL

2) Constance A. Nysingh

Typed Name CONSTANCE A. NYSINGH

3) _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/12/2005 05:00
CK: 7109 CT: 174393 BH: 020709
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