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STATEMENT OF QUALIFICATION OF FILED EFFECTIVE LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

SECRETARY OF STATE

STATE OF IDAHO

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: DESERT ROSE FARMS, 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:

2175 E 3500 N, FILER, ID 83328

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: 2175 E 3500 N, FILER, ID 83328

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) [Signature]

Typed Name Henry Calvin Hafziger, Jr.

2) [Signature]

Typed Name Antoinette Helene Hafziger

3)

Typed Name

Secretary of State use only

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IDAHO SECRETARY OF STATE
12/10/2007 05:00
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Web Form