



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: Asphalt Protection
of Idaho 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:

2841 Lincoln Twin Falls, ID 83301

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 5767
Twin Falls, ID 83301

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

7. Future effective date (optional): 01/15/02

8. Signature of at least 2 partners:

1) [Signature]

Typed Name Craig Swensen

2) [Signature]

Typed Name BRET HEIDER

3) _____

Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
03/07/2002 05:00
CK: 560 CT: 158282 BH: 450496
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 CORP SUR # 3

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