

## STATEMENT OF QUALIFICATION OF TLED/EFFECTIVE

(Instructions on back of application)

02 HAY -8 PH 3: 18

The undersigned elects to be a Limited Liability Partnership, and submits the following TE information to the Secretary of State pursuant to Idaho Code § 53-3-1064 E OF IDAHO

1.	The name of the limited liability partnership is:
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:
	410 South Orchard Street, Boise, Idaho, 83705
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: 410 South Orchard Street, Boise, Idaho, 83705
6.	The above-named partnership elects to be a limited liability partnership.
7.	Future effective date (optional):
	Ot the fathers to a series and
o.	Signature of at least 2 partners:  1) Vove Musante:  Secretary of State use only
	Typed Name Dave Musgreve Secretary of State use only
	Typed Name Dave Musgreve  Typed Name Charles E Paulin  Typed Name Charles E Paulin  Typed Name Wes Smith  IDAHO SECRETARY OF STATE  65/08/2002 05:00  Typed Name Wes Smith
	Typed Name Charles E_Paulin
	1DAHO SECRETARY OF STATE 05/08/2002 05:00
	Typed Name Wes Smith CX: 5921 CT: 2582 BH: 464486

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