



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED EFFECTIVE

(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

2002 DEC 13 AM 9:21
STATE OF IDAHO

1. The name of the limited liability partnership is: KING'S OF EMMETT, L.L.P.

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:

1032 IDAHO AVENUE BURLEY ID 83318

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: PO BOX 669, BURLEY ID 83318

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 TOM E. KING

2) [Signature]
Typed Name RAY OHLAUG

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/13/2002 05:00
CK: 36832 CT: 123831 IM: 651284
1 @ 100.00 = 100.00 QUALIF LLP # 2

g:\scop\forms\qualif.p65 Revised 01/2001

J 944