

Statement of Domestication

Pursuant to Idaho Code § 30-18-505 ^{NOV 5 AM 8:19}

SECRETARY OF STATE
STATE OF IDAHO
Humphries Family

- 1. **DOMESTICATING ENTITY:** Humphries Family Partnership, a California general partnership
- 2. **DOMESTICATED ENTITY:** Humphries Family Partnership, LLP, an Idaho limited liability partnership
- 3. **EFFECTIVE DATE:** Upon filing
- 4. **APPROVAL OF PLAN OF DOMESTICATION:** The Plan of Conversion and Plan of Domestication was approved in accordance with California law
- 5. **PUBLIC ORGANIC DOCUMENT:** N/A
- 6. **STATEMENT OF QUALIFICATION:** Attached

Humphries Family Partnership, LLP,
an Idaho limited liability
partnership

By: *Steven W. Humphries*
Steven W. Humphries, Managing
Partner

By: *David A. Humphries*, Trustee
David A. Humphries, Trustee of
the David A. Humphries and
Eva L. Humphries Declaration
of Trust, U/T/A dated
February 20, 1990, as
amended September 14, 1992
and Managing Partner

IDAHO SECRETARY OF STATE
11/05/2010 05:00
CK: 1288 CT: 64162 DH: 1246189
1 @ 38.00 = 38.00 DOMESTICATN # 2

J2020

Statement of Domestication

Pursuant to Idaho Code § 30-18-505 5 AM 8:19

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IDAHO SECRETARY OF STATE
11/05/2010 05:00
CK: 1288 CT: 84162 BH: 1246109
1 @ 38.00 = 38.00 DOMESTICTN # 2

J2020

FILED EFFECTIVE
10 OCT 18 AM 8:37



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

SECRETARY OF STATE
STATE OF IDAHO

(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: Humphries Family Partnership, LLP

2. If previously filed a statement of partnership, the name used in that statement is:
Humphries Family Partnership

The date it was filed with the Idaho Secretary of State's Office was: October 7, 2004

3. The street address of the limited liability partnership's chief executive office is:
300 West Fortini Street, Meridian, Idaho 83642

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A

5. The mailing address for future correspondence is: P.O. Box 712, Meridian, Idaho 83680-0712

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] Trustee

Typed Name David A. Humphries, as Trustee of the David A. Humphries and Eve L. Humphries Decedent's of Trust

2) [Signature]

Typed Name Steven W. Humphries

3) _____

Typed Name _____

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Secretary of State use only

IDAHO SECRETARY OF STATE
10/18/2010 05:00
CK: 1228 CT: 04162 BN: 1243452
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SECRETARY OF STATE
STATE OF IDAHO

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7. Future effective date (optional): _____

8. Signature of at least 2 partners:

1) [Signature] Trustee

Typed Name David A. Humphries, as Trustee of the David A. Humphries and Eva L. Humphries Declaration of Trust

2) [Signature]

Typed Name Steven W. Humphries

3) _____

Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
10/18/2010 05:00
CK: 1220 CT: 84162 BH: 1243452
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