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STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2007 MAR 16 AM 11:05

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: Legendary Homes, LLP

2. If previously filed a statement of partnership, the name used in that statement is:
N/A

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:
3210 North 3470 East, Kimberly, ID 83341

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: 3210 North 3470 East, Kimberly, ID 83341

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 Bryan Wright

2) [Signature]

Typed Name Noah Miller

3) _____

Typed Name Greg Hammond

Secretary of State use only

STATE OF IDAHO
SECRETARY OF STATE
03/16/2007 11:05 AM

Web Form

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03/16/2007 05:00
CK: 1083329 CT: 172039 BH: 1040431
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FILED EFFECTIVE