



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2002 JUN -7 AM 8:23

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: High Mtn. Excavation 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: N/A

3. The street address of the limited liability partnership's chief executive office is:

514 Soldier Road Fairfield ID 83327

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 248, Fairfield

Idaho 83327

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)

Typed Name Steve Claridge

2)

Typed Name Kevin Wear

3)

Typed Name \_\_\_\_\_

Secretary of State use only

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