

FILED/EFFECTIVE



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(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

02 FEB 14 AM 8:57
CLERK OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Centerline Pavement Marking
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:

1712 Satre Ave.

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: 1712 Satre Ave.
Coeurd'Alene, Idaho 83815

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) Greg Willette
Typed Name Greg Willette

2) James E. Wuest
Typed Name James E. Wuest

3) _____
Typed Name _____

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Secretary of State use only

IDAHO SECRETARY OF STATE
02/14/2002 05:00
CK: 10/5 CI: 15/318 BH: 446253
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