

263

2011 MAY -5 PM 4:37



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: Murph's Recycling and Auto Service LLP

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:
124 West 50 South, Blackfoot, ID, 83221

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: 124 West 50 South Blackfoot, ID 8322

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) *Patrick S. Murphy*

Typed Name Patrick S. Murphy

2) *Cathy R. Hjelm*

Typed Name Cathy R. Hjelm

3) _____

Typed Name

Secretary of State use only

01/2001 Revised 01/2001

IDAHO SECRETARY OF STATE
05/06/2011 05:00
CK: 671722 CT: 172099 BH: 1272484
1 @ 100.00 = 100.00 QUALIF LLP # 2

J2072