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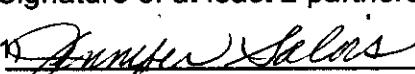
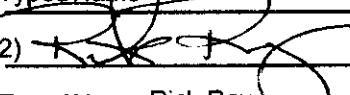


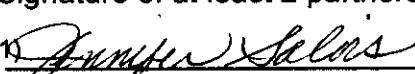
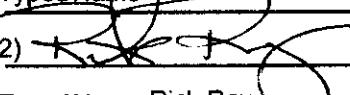
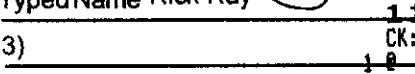
STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2005 NOV 15 AM 8:42

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: Sawtooth Signature Homes, LLP
2. If previously filed a statement of partnership, the name used in that statement is: _____
3. The street address of the limited liability partnership's chief executive office is:
524 Bayhill Dr. Nampa, ID 83686
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: 524 Bayhill Dr. Nampa, ID 83686
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): _____
8. Signature of at least 2 partners:

 Typed Name Jennifer Salois

 Typed Name Rick Ray

Revised 01/2001	Secretary of State use only
1) 	11/15/2005 05:00
2) 	CK: 3258 CT: 194212 BH: 922295 1 0 50.00 = 50.00 QUALIF LLP # 2
3) 	11/15/2005 05:00 CK: 7505 CT: 123928 BH: 922294 1 0 50.00 = 50.00 QUALIF LLP # 2
Typed Name _____	

Web Form

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