



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED EFFECTIVE

(Instructions on back of application) 2003 NOV -4 AM 8: 28

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: \_\_\_\_\_  
Alternative Office Services, 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:  
10601 Horseshoe Bend Road #59 Boise, Idaho, 83714

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: \_\_\_\_\_  
10601 Horseshoe Bend Road  
#59 Boise, Idaho, 83714

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) Ronald C. Mespelt  
Typed Name Ronald C. Mespelt

2) \_\_\_\_\_  
Typed Name Jeffery D. Norris

3) Timothy M. Hatcher  
Typed Name Timothy M. Hatcher

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Secretary of State use only

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11/04/2003 05:00  
CK: 2872 CT: 174098 BH: 789884  
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