



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

03 MAY -9 PM 4:10

SECRETARY OF STATE
STATE OF IDAHO

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: Clarkson & Company, 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:

2930 Raindrop Drive, Boise, Idaho 83706

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: 2930 Raindrop Drive, Boise, Idaho 83706

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): 5/09/03

8. Signature of at least 2 partners:

Melvin M. Clarkson
Typed Name Melvin M. Clarkson

2) Anne C. Fox Clarkson
Typed Name Anne C. Fox Clarkson, Ph.D.

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/12/2003 05:00
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