



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 SEP 18 PM 4:16

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: JE1, 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:

755 East Ridgefield 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: 755 East Ridgefield Drive, Boise, Idaho, 83706

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) Karan J. Anton
Typed Name Karan J. Anton

2) Donald K. Justus
Typed Name Donald K. Justus

3) _____
Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
09/19/2002 05:00
CK: 6391 CT: 2502 BH: 409043
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