



# 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

**FILED/EFFECTIVE**  
01 APR 25 AM 8:46  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability partnership is: SOUTH END STORAGE, 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:

2969 S. Frontage Road, American Falls, ID 83211

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A

5. The mailing address for future correspondence is: P.O. Box 420

American Falls, ID 83211

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

7. Future effective date (optional): N/A

8. Signature of at least 2 partners:

1)

Typed Name S. Loyde Herbst

2)

Typed Name Gregory G. Cannell

3)

Typed Name \_\_\_\_\_

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Secretary of State use only

**IDAHO SECRETARY OF STATE**

**04/25/2001 09:00**  
CK: 017419 CT: 1108 BH: 393208

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