



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP FILED EFFECTIVE

(Instructions on back of application)

MAY 31 PM 4:11

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: Deadbeat Investigators, 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:

241 S. Titan PL, Kuna, ID 83634

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: P.O. Box 206, Kuna ID 83634

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) *Laura L. Thompson*
Typed Name Laura L. Thompson

2) *Cathy S. Galloway*
Typed Name Cathy S. Galloway

3) _____
Typed Name _____

Secretary of State use only

01/2001 Revised

IDAHO SECRETARY OF STATE
05/31/2005 05:00
CK: 1109 CT: 109207 BH: 813533
1 @ 20.00 = 20.00 EXPEDITE C # 2

IDAHO SECRETARY OF STATE
05/31/2005 05:00
CK: 0630 CT: 109206 BH: 813532
1 @ 100.00 = 100.00 QUALIF LLP # 2

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