



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

1. The name of the limited liability partnership is: Reno Investments, 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:
1751 Overland Avenue, Burley, ID 83318

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: 1751 Overland Avenue, Burley, ID 83318

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)

Typed Name Trevor Reno

2)

Typed Name Aubry Reno

3) _____

Typed Name _____

Secretary of State use only

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Web Form

12/03/2012 05:00
CK: 151 CT: 276757 BH: 1349559
1 e 100.00 = 100.00 QUALIF LLP # 2
1 e 20.00 = 20.00 EXPEDITE C # 3

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