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STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2011 JUL 14 AM 9:49

SECRETARY OF STATE

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: BAS AUTO ELECTRIC 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:

4390 North Yellowstone Hwy IDAHO Falls ID, 83401

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: 4390 North Yellowstone Hwy #1 IDAHO Falls ID, 83401

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) [Signature]
Typed Name O. Spencer Pancheri

2) [Signature]
Typed Name Brian Kelley Webb

3) _____
Typed Name _____

9/20/2011 10:00 AM 012/001

Secretary of State use only

IDAHO SECRETARY OF STATE
07/14/2011 05:00
CK: 738475 CT: 172899 BH: 1282487
1 @ 188.00 = 188.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 EXPEDITE C N 3

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