



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

07 JAN 16 PM 12:51

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-1003.

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Hogwood Homes LLP
2. If previously filed a statement of partnership, the name used in that statement is: NA
The date it was filed with the Idaho Secretary of State's Office was: NA
3. The street address of the limited liability partnership's chief executive office is: NA
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: Clinton Hogwood, 9727 Purple Sage Rd. Middleton, ID 83644
5. The mailing address for future correspondence is: 9727 Purple Sage Rd. Middleton, ID 83644
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) Clinton Hogwood

Typed Name Clinton Hogwood

2) Lindsey Browne

Typed Name Lindsey Browne

3) _____

Typed Name _____

Secretary of State use only

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Web Form

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