



# 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: True Line Construction 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:

2940 Sawtooth St., Idaho Falls, ID 83406

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: Same as above

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) Chad C. Storer

Typed Name Chad C. Storer

2) Matt Ellis

Typed Name Matt Ellis

3) \_\_\_\_\_

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

Secretary of State use only

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07/30/2007 05:00  
CK: 1598 CT: 215892 BH: 1067994  
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1 @ 20.00 = 20.00 EXPEDITE C # 3