



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: New Outlook, L.L.P.

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:
1553 E. Center, Suite C, Pocatello Idaho 83201

4. If the partnership does not have an office in the state of Idaho, the name and address the registered agent is: _____

5. The mailing address for future correspondence is:
1355 South 4th Street
Pocatello ID 83201

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) Linda Sharp
Linda Sharp

2) Cindy L Brown
Cindy L Brown

Secretary of State use only

IDAHO SECRETARY OF STATE
11/25/2002 05:00
CK: 1077 CT: 165252 BH: 647945
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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