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STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE
2005 MAY 23 AM 9:41SECRETARY OF STATE
STATE OF IDAHO
DEPT. OF REVENUE

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: marvin Karie 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:

311 Oak St., Bellevue, ID 83313

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: P.O. Box 696,
Bellevue, ID 83313

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) Robert K. Hawkes

Typed Name Robert K. Hawkes

2) Karen D. Hawkes

Typed Name Karen D. Hawkes

3) John M. Ballentine

Typed Name John M. Ballentine

4) Susan D. Ballentine

Typed Name Susan D. Ballentine

Secretary of State use only

01/2007

IDAHO SECRETARY OF STATE

05/23/2005 05:00

CK: 1315 CT: 158524 BH: 812857

1 @ 50.00 = 50.00 QUALIF LLP # 2

IDAHO SECRETARY OF STATE

05/23/2005 05:00

CK: 1315 CT: 158524 BH: 812857

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1 @ 20.00 = 20.00 CORP SUR # 4

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