



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED/EFFECTIVE

APR 17 3 00 PM '01

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: Universal Siding LLP
2. If previously filed a statement of partnership, the name used in that statement is: N/A
The date it was filed with the Idaho Secretary of State's Office was: N/A
3. The street address of the limited liability partnership's chief executive office is: 9427 Wakefield Ct. Boise, ID 83706
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A
5. The mailing address for future correspondence is: 9427 Wakefield Ct. Boise, ID 83706
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): 4-17-01
8. Signature of at least 2 partners:
 - 1) [Signature]
Typed Name Chris Greenfield
 - 2) [Signature]
Typed Name Francisco Cabrera
 - 3) _____
Typed Name _____

g:\compforms\qualif.905 Revised 01/2001

Secretary of State use only:

IDAHO SECRETARY OF STATE

04/17/2001 09:00
CK: CASH CT: 145168 BM: 391722

1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 CORP SUR # 3

J 756