



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

07 MAY 30 PM 3:19

(Instructions on back of application)

SECRETARY OF STATE

The undersigned elects to be a Limited Liability Partnership, and submit the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1. The name of the limited liability partnership is: TOLEDO SIDING 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:  
5015 E USTICK RD SP 168 CALDWELL ID 83605
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: 5015 E USTICK RD SP 168 CALDWELL ID 83605
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) Fernando Toledo G.  
Typed Name Fernando Toledo G.

2) Elvia M Toledo  
Typed Name Elvia M Toledo

3) \_\_\_\_\_  
Typed Name \_\_\_\_\_

Secretary of State use only

51614  
IDAHO SECRETARY OF STATE  
05/30/2007 05:00  
CK: CASH CT: 213878 BH: 1056919  
1 @ 100.00 = 100.00 QUALIF LLP # 2