

FILED/EFFECTIVE

2002 JUL 15 AM 9:50
SECRETARY OF STATE
STATE OF IDAHO

**STATEMENT OF QUALIFICATION
OF LIMITED LIABILITY PARTNERSHIP**

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 Partnership is: Shear Pro's, L.L.P.
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 office was: N.A.
3. The street address of the limited liability partnership's chief executive office is:
142 A Thain Road
Lewiston, Idaho 83501
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 of future correspondence is:
142 A Thain Road
Lewiston, Idaho 83501
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): N.A.
8. Signature of at least 2 partners:

Rene Anderson
Rene Anderson

Amber Charlo
Amber Charlo

Bonnie Silflow
Bonnie Silflow

IDAHO SECRETARY OF STATE
07/15/2002 05:00
CK: 8148 CT: 85799 BH: 477824
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