



STATEMENT OF QUALIFICATION LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2007 FEB 12 AM 9:45
SECRETARY OF STATE
STATE OF IDAHO

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: HP Homes 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:
1131 Maple Cr Harvard ID 83834

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: 1131 Maple Cr Harvard ID 83834

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) [Signature]

Typed Name Kyle Peterson

2) [Signature]

Typed Name Brad Hamburg

3) _____

Typed Name _____

Secretary of State use only

01/2001

01564

IDAHO SECRETARY OF STATE
02/12/2007 05:00
CK: 3255 CT: 209616 BH: 1032349
1 @ 100.00 = 100.00 QUALIF LLP # 2

Web Form