



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED EFFECTIVE

(Instructions on back of application)

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-5001.

08 JAN -9 AM 10:04
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: MC INVESTMENTS 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:
2270 FALLING STAR LOOP
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: 2270 Falling Star loop
Post Falls, Id 83854
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 Jacob Miller

2) [Signature]
Typed Name Linda Miller

3) [Signature]
Typed Name Penny Cain

Secretary of State use only

01/09/2008 05:00

IDAHO SECRETARY OF STATE
01/09/2008 05:00
CK: 2583 CT: 205458 BH: 1893711
1 @ 50.00 = 50.00 QUALIF LLP # 2

01/09/2008 05:00
CK: 698 CT: 221281 BH: 1893718
1 @ 50.00 = 50.00 QUALIF LLP # 2