

## STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED EFFECTIVE

Title 30, Chapters 21 and 23, Idaho Code Filing fee: \$100 typed, \$120 not typed

2017 APR 12 AM 8= 37

Complete and submit the application in duplicate

Complete and Submit the application	SECRETARY OF STATE STATE OF IDAHO
1. The name of the limited liability partnership is:	STATE OF IDAHO
North Twin Truckin	y LLP
The control of the co	y LLP  - Control of the American Control of the Con
2. The street address of the limited liability partnersh	nip's principal office is:
890 S. 6000 W	
3. The street address of an office in this state, if any	(if different from #2):
2+4 - 4 - 2 +	
4. Name and street address of the registered agent:  Kirk RippLinger 890	2 56000 Driggs Id 93422
5. Mailing address for future correspondence (annua 89056000 Druggs Id 8	
<ol><li>By filing this document with the Secretary of State, the</li></ol>	he partnership named herein elects to be a limited liability partnership.
	0-21-901(b), Idaho Code, in the space below, and by filing this nip agrees that it is duly licensed or otherwise legally authorized to it is a professional limited liability partnership.
the transaction of the control of th	ageneral experience for make du toutmant in inche formula commune experience.
8. Signatures of all partners:	Secretary of State use only
Printed Name: Kirk Ripplinger Signature: Kirk Ripplinger	IDANO SECRETARY OF STATE  04/12/2017 05:00  CK:1230 CT:337883 BH:1578847
Printed Name: Bretta Ripplinger	16 100.00 = 100.00 QUALIF LLP #2 16 20.00 = 20.00 CORP SUR #3