



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2013 FEB 19 AM 9:08

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: Sage Pointe Properties, 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:

390 North 925 East, Declo, Idaho 83323

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: 301 Scott Ave. Suite 2, Rupert, Idaho 83350

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 Daniel D. Moss

2) [Signature]  
Typed Name Jann Moss

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

Secretary of State use only

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CK: 21348 CT: 231908 BH: 1360805  
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9 forms used: 265 Revised 01/2001

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