

## STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

09 NOV 19 AM 8: 3

(Instructions on back of application)

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SECRETARY OF STATE
The undersigned elects to be a Limited Liability Partnership, and submits the following DAHO
information to the Secretary of State pursuant to Idaho Code § 53-3-1001

	Information to the Secretary of State pursuant to Idaho Code § 53-3-1001
1.	The name of the limited liability partnership is:BY_STONE_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:
	360 1/2 Little Indio Lane Hailey, ID 83333
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: PO Box 1379 Halley, ID 83333
Տ.	The above-named partnership elects to be a limited liability partnership.
7.	Future effective date (optional):
В.	Signature of at least 2 partners:
	1) What V. Was Secretary of State use only
	Typed(Name Michael V. Hobart
	2)
	Typed Name Jeffrey V. Hobart
	3) IDAHO SECRETARY OF STATE 11/19/2009 85:00
	Typed Name CK: 335973 CT: 172999 Mi: 1196859