

FILED EFFECTIVE



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(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 § 53-3-1001

1. The name of the limited liability partnership is: KELGINIA 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:

2066 SATTERFIELD DRIVE, NOCAIELLO, 83201

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: 2066 SATTERFIELD DR.

NOCAIELLO, IDAHO 83201

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 KELLY CROMPTON

2) _____
Typed Name VIRGINIA LARSON

3) [Signature]
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/30/2014 05:00

CK:1033 CT:132436 BH:1422696

1@ 100.00 = 100.00 QUALIF LLP #2

1@ 20.00 = 20.00 CORP SUR #3

1@ 20.00 = 20.00 EXPEDITE C #4

g:\corp\forms\qualif.pdf Revised 01/2001

Web Form

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