

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

2013 APR 30 AM 9: 49

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO
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:
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: 4/30/13
3.	The street address of the limited liability partnership's chief executive office is:
	410 S. Orchard Ste. 120 Boise, Idaho 83705
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: 410 S. Orchard Ste. 120 Boise, Idaho 83705
6.	The above-named partnership elects to be a limited liability partnership.
7.	Future effective date (optional): 4/30/2013
8.	Signature of at least 2 partners: 1) Adaption 5 Secretary of State use only
	Typed Name Nathan Hales Secretary of State use only
	Typed Name Charles Crafts IDAHO SECRETARY OF STATE
	304/30/2013 05:00 CK: 1379809 CT: 172099 BH: 1371749 CK: 138809 CT: 172099 BH: 1371749
	Typed Name Mark Crafts 1 9 199.90 = 169.90 QUALIF LLP # 2

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