



# 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: \_\_\_\_\_

AMMON ROAD MARKET, 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: \_\_\_\_\_

679 BISHOP AVENUE, Hayward CA 94544

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: Ripu Sharma

1716 N. Ammon Road, Idaho Falls Id 83401

5. The mailing address for future correspondence is: 1716 N. Ammon Rd.  
Idaho Falls, Id 83401

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) Himachali Sharma

Typed Name Himachali Sharma

2) Ripu Sharma

Typed Name Ripu Sharma

3) Onkar Sharma

Typed Name Onkar Sharma

Secretary of State use only

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07/28/2004 05:00  
CK: 111 CT: 177612 BH: 757888  
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