

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIPLED EFFECTIVE

Title 30, Chapters 21 and 23, Idaho Code

Filing fee: \$100 typed, \$120 not typed

2018 MAR 19 AM 11: 41

Complete and submit the application in duplicate.

SECRETARY OF STATE

		STATE OF IDAHO	
1.	The name of the limited liability partne	rship is:	Only Of tornio
	Twisted Sisters Hair & Nails L.L.P.		
	(Remember to include the words "Limited Liabili" (If the limited liability partnership is a <u>profession</u> the letter "P" at the beginning of any of the perm	al entity (as indicated in #7) the na	ed Liability Partnership, "or the permitted abbreviations) me may include the word "professional" before the word "iimited," or
2.	The street address of the limited liabilit		ice is:
	628 Stony Meadow Dr. Nampa, (Street Address)		
	(Streat Montess)		
	(Mailing Address, if different)		
3.	The street address of an office in this s	state, if any (if different from	ı #2):
	(Street Address)		
4.	Name and street address of the registered agent:		
	Stefani Merritt	628 Stony Meado	ow dr. Nampa, Idaho 83686
	(Name)	(Address)	
5.	Mailing address for future correspondence (annual report notices):		
	628 Stony Meadow dr. Nampa, Idaho 83686		
	(Address)		
6.	By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.		
7.		ne partnership agrees that it	the Code, in the space below, and by filing this t is duly licensed or otherwise legally authorized to nal limited liability partnership.
	(If applicable, enter one of the parmitted professional services here. *Check instructions for list of permitted professions)		
8.	Signatures of all partners:		Secretary of State use only
			IDAHO SECRETARY OF STATE
Deia	nted Name: Stefani Merritt		03/19/2018 05:00
PI	nteo Name.		CK:17133374 CT:172099 BH:1633022 16 100.00 = 100.00 QUALIF LLP #2
Sig	nature: Tldall A	unith	70
	Melani Cronk		1 12828
Pri	nted Name:		10000