

## STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED EFFECTIVE

Title 30, Chapters 21 and 23, Idaho Code

Base Filing fee: \$100.00.

Signature: (Inthe fames NET

Complete and submit the application in duplicate.

2015 DEC 22 PM 1:51

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability partnership is: Sims Dimalanta Lawrence, LLP					
	(Remember to include the words "Limited Liability Parinership," "Registered Limited Liability Partnership," or the permitted abbreviations) (if the limited liability partnership is a <u>professional entity</u> (as indicated in #7) the name may include the word "professional" before the word "limited," or the letter "P" at the beginning of any of the permitted abbreviations.)					
2,	The street address of the limited liability partnership's principal office is:					
	1891 E Roseville Pkwy, Ste 180		Roseville		CA 95661	
	(Street Address)		(City)		(State)	(Zipcode)
	(Mailing Address, if different)			(City)	(State)	(Zipcode)
3.	The street address of an office in this state, if any (if different from #2):					
	1225 N Main Street		Meridian		ID 83642	
	(Street Address)		(CIN)		(State)	(Zipcode)
4.	Name and street address of the register	red agent:				
	1 March 1 Approximation 2 and 1 and				3642	
	(Name)	(Address)		(City)	(State)	(Zipcode)
<b>5</b> .	Mailing address for future corresponden	nce (appual report potics	7e).			
••	P O Box 1210		Meridian		ID 83680	
	(Address)	<del></del>	(City)		(State)	(Zipcode)
*	Du filing this dealerment with the Connectors of	f Ctata the newmership n	amad barain	alanta ta ba a limitant	Kaladida wasana	L*.
7.	with the Secretary of State, the partnershi	itted by 30-21-901(b), lo ip agrees that it is duly li	iaho Code, i icensed or o	n the space below, a therwise legally auth	nd by filing thi	s document
	selected professional service, and that it is a professional limited liability partnership.					
	(If applicable, enter one of the permitted professional services here. *Check instructions for list of permitted professions)					
		•			,	
8.	Signatures of all partners:		Secretary of State use only			
Pri	nted Name: Bobby Dale Sim	s, Jr				
	Bother Oder h		1		RETARY OF	
Sig	nature:	<u> </u>		12/22/ CK:1257 CT:2	2015 0: 269622 B	
n.	Cynthra Lawrence / J. Ented Name:	rick Dimalanta	1 40	100.00 = 1		