

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP FILED EFFECTIVE

Title 30, Chapters 21 and 23, Idaho Code Filing fee: \$100 typed, \$120 not typed

2018 JUN 15 AM 8: 48

Complete and submit the application in duplicate.

SECRETARY OF STATE

The name of the limited liability	partnership is:	PEARL OF IUANO	
		diciability i?arthership, "or the permitted abbreviations) me may include the word "professional" before the word "limited," or	
The street address of the limited	liability partnership's principal offi	ce is:	
Climer Addressly			
(Pavirio Address, il officiero)			
The street address of an office in	this state, if any (if different from	#2\·	
	, , , , , , , , , , , , , , , , , , , ,	·	
(Shest Alighes s)			
Name and street address of the re	egistered agent:		
Bree-Anna Koch		3704 E 3770 N Kimberly, ID 83341	
(Name)	(Address)		
Mailing address for future corresp	oondence (annual report notices):		
(Address)			
By filing this document with the Sec	cretary of State, the partnership nan	ned herein elects to be a limited liability partnership	
document with the Secretary of Sta	ite, the partnership agrees that it is	duly licensed or otherwise legally authorized to	
Hi applicable codes cas of the	वस्त्र वर्षोग्नी इत्रवर्षे, इध्यन्त्रको जनप्रशासक नद्वासः । जनम	reconstructions for our of rearmitied professionary	
Signatures of all partners:		Secretary of State use only	
Bree-Anna Koch		IDAHO SECRETARY OF STATE	
	Mama Bear's Daycare Lip The street address of the limited 3704 E 3770 N Kimberly, II The street address of an office in the street address of the reservoir. Name and street address of the reservoir. Name and street address of the reservoir. Mailing address for future corresponding address for future corresponding address. By filing this document with the Secretary of Starender the selected professional street address of all partners:	The street address of an office in this state, if any (if different from states) Name and street address of the registered agent: Bree-Anna Koch 3704 E 3770 N Kir (Name) Mailing address for future correspondence (annual report notices): 3704 E 3770 N Kimberly, ID 83341 (Address) By filing this document with the Secretary of State, the partnership name by entering one of the professions permitted by 30-21-901(b), Idahe document with the Secretary of State, the partnership agrees that it is render the selected professional service, and that it is a professional service and that it is a professional service.	

Printed Name:

Printed Name: Jamie Carpenter

06/15/2018 05:00

CK:242 CT:359189 BH:1649050

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