

FILED EFFECTIVE

263

**STATEMENT OF QUALIFICATION OF
LIMITED LIABILITY PARTNERSHIP**

(Instructions on back of application)

2009 OCT 22 PM 1:05

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: GreenSleeves 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:

2429 E Meadowgrass St, Meridian, ID 83646

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: 2429 E Meadowgrass St, Meridian, Id 83646

5. The mailing address for future correspondence is: 2429 E Meadowgrass St, Meridian, Id 83646

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)

Ruth Gray
Typed Name Ruth Gray

2)

Jenna Fadel
Typed Name Jenna Fadel

3)

Typed Name

Secretary of State use only

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IDAHO SECRETARY OF STATE
10/22/2009 05:00
CK: 325233 CT: 172899 BH: 1192262
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Web Form

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