



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

09 JUN -5 AM 8:25

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

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: A Greener Cut Lawn Care LLP

2. If previously filed a statement of partnership, the name used in that statement is:
n/a

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:
21319 Hwy 30, Filer, ID 83328

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

5. The mailing address for future correspondence is: 21319 Hwy 30, Filer, ID 83328

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) *Ben J. Miller*
Typed Name BenJamine Miller

2) *Jonathan Bruce*
Typed Name Jonathan Bruce

3) _____
Typed Name _____

Secretary of State use only

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06/05/2009 05:00
CK: 1835 CT: 23786 BH: 1173422
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Web Form

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