



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

2013 SEP 20 AM 9:09

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: At Enterprises, LP

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:

736 Washington Street-Montpelier, ID 83254

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: \_\_\_\_\_

736 Washington Street Montpelier ID 83254

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): \_\_\_\_\_

8. Signature of at least 2 partners:

Kristie Aeschmann  
Typed Name Kristie Aeschmann

2) Andrew Jacobs  
Typed Name Andrew Jacobs

3) \_\_\_\_\_  
Typed Name \_\_\_\_\_

Secretary of State use only

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IDAHO SECRETARY OF STATE  
09/20/2013 05:00  
CK: 2404 CT: 254459 BH: 1390700  
1 @ 100.00 = 100.00 QUALIF LLP # 2  
1 @ 20.00 = 20.00 CORP SUR # 3  
1 @ 20.00 = 20.00 EXPEDITE C # 4

Web Form

J2311