



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

2013 SEP 20 AM 9:09

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 § 53-3-9001

1. The name of the limited liability partnership is: At Enterprises, LLP
2. If previously filed a statement of partnership, the name used in that statement is: N/A
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 Strut 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 Stein

Typed Name Kristie Aeschlimann

2) Andrew Jacobs

Typed Name Andrew Jacobs

3)

Typed Name _____

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Secretary of State use only

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

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