



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Title 30, Chapters 21 and 23, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the application in duplicate.

FILED EFFECTIVE

2015 OCT 22 AM 8:49

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is:
Ships and Giggles Travel, LLP

(Remember to include the words "Limited Liability Partnership," "Registered Limited Liability Partnership," or the permitted abbreviations)
(If the limited liability partnership is a professional entity (as indicated in #7) the name may include the word "professional" before the word "limited," or the letter "P" at the beginning of any of the permitted abbreviations.)

2. The street address of the limited liability partnership's principal office is:

493 W Broderick Dr Meridian ID 83646

(Street Address) (City) (State) (Zipcode)

(Mailing Address, if different) (City) (State) (Zipcode)

3. The street address of an office in this state, if any (if different from #2):

(Street Address) (City) (State) (Zipcode)

4. Name and street address of the registered agent:

Selena Mack 493 W Broderick Dr Meridian ID 83646

(Name) (Address) (City) (State) (Zipcode)

5. Mailing address for future correspondence (annual report notices):

493 W Broderick Dr Meridian ID 83646

(Address) (City) (State) (Zipcode)

6. By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.

7. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.

(If applicable, enter one of the permitted professional services here. *Check instructions for list of permitted professions)

8. Signatures of all partners:

Selena Mack

Printed Name: _____

Signature: _____

Andrew Mack

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/22/2015 05:00

CK:1001 CT:315952 BH:1497349

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