



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

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

FILED EFFECTIVE

2014 APR 24 AM 9:09
SECRETARY OF DEFENSE

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Premier Cleaning Solutions, 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:**

2841 Almo ave, Burley Idaho 83318

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: 2841 Almo ave, Burley, Idaho 83318

- 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) Amos King
Typed Name Amos Kingdon

2) Samuel Kington
Typed Name Samuel Kington

3) _____
Typed Name

Secretary of State use only

03/20/2014

IDAHO SECRETARY OF STATE

04/24/2014 05:00

CK:847 CT:296068 BH:1421766

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