



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2012 MAR -5 AM 9: 8

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: _____
MAGIC VALLEY KIDNEY INSTITUTE 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:

208 N W MAIN ST BLACKFOOT, ID 83221

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: _____
PO BOX 986 BLACKFOOT, ID 83221

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) Haron Rashid

Typed Name HAROON RASHID

2) Lubna Rashid

Typed Name LUBNA RASHID

3) _____

Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
03/05/2012 05:00
CK: 326 CT: 267772 BH: 1313620
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Web Form

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