



TypedName Don Bassett

3)

Typed Name

## 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

1.	The name of the limited liability partnership is:
	The name of the limited liability partnership is:
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:
	10677 JAVA DR. Boise Id 83713
4.	If the partnership does not have an office in the state of Idaho, the name and address of
	the registered agent is:
	NA
5.	The mailing address for future correspondence is:
	10677 JAVADA. Boise Id. 83713
6.	The above-named partnership elects to be a limited liability partnership.
_	Fishing officialism data (antique)
1.	Future effective date (optional):
_	
℧.	Signature of at least 2 partners:
	1) Wahart fauthore Secretary of State use only
	Typed Name Robert Hawthorne IDAHO SECRETARY OF STATE
	2) (12/01/2014 05:00

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