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STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2013 DEC 16 AM 10:14
SECRETARY OF STATE
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 § 53-3-1001

1. The name of the limited liability partnership is: Blewett Mushlitz, LLP
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: N/A
3. The street address of the limited liability partnership's chief executive office is:
Bollinger Financial Center, 301 D Street, Suite C, Lewiston, Idaho, 83501
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A
5. The mailing address for future correspondence is: P. O. Box 1990, Lewiston, Idaho, 83501
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): January 1, 2014

8. Signature of at least 2 partners:

1) [Signature]

Typed Name Ron T. Blewett

2) [Signature]

Typed Name Douglas L. Mushlitz

3) _____

Typed Name _____

Secretary of State use only

10/2010
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12/16/2013 05:00
CK: 1639980 CT: 172099 BH: 1401926
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