



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: Billbrook 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:**

435 E Shore Dr - Ste130

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: 435 E Shore Dr. Ste 130 - Eagle, ID 83616

- 6. The above-named partnership elects to be a limited liability partnership.**

7. Future effective date (optional): _____

- 8. Signature of at least 2 partners:**

William E. Doris

Typed Name William E. Morris

2) 27 June

Typed Name Brooke M Zundel

3)

Typed Name

Secretary of State use only

Accepted for publication 01/2001

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