



SEAT SEAL
CALL OF 19

STATE OF IDAHO

Office of the secretary of state, Lawerence Denney STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP Idaho Secretary of State

PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 - Make Checks Payable to Secretary of State For Office Use Only



File #: 0004510834

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Statement of Qualification of Limited Liability Partnership Select one: Standard, Expedited or Same Day Service (see descriptions below)	Expedited (+\$40; filing fee \$140)	
Limited Liability Partnership Name		
Type of Limited Liability Partnership	Limited Liability Partnership	
Entity name	All 4 Seasons Tree Service LLP	
Limited Liability Partnership Designation		
By checking this box and filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.		
The complete street address of the principal office is:		
Principal Office Address	RUSSELL PARTSCH	
	459 N FLAUSON AVE	
	KUNA, ID 83634	
The mailing address of the principal office is:		
Mailing Address	RUSSELL PARTSCH	
	459 N FLAUSON AVE	
	KUNA, ID 83634	
Street address of an office in this State:		
Address	None	
Registered Agent Name and Address		
Registered Agent	Registered Agent	
	Blaine A Wood	
	Physical Address: RUSSELL PARTSCH	
	4253 S FIVE MILE RD	
	BOISE, ID 83709	
	Mailing Address:	
	RUSSELL PARTSCH	
	4253 S FIVE MILE RD BOISE, ID 83709-4803	
I affirm that the registered agent appointed has consented to serve as registered agent for this entity.		
6. Signature of individual authorized by partners to sign:		
Russell Bartsch	12/02/2021	
Sign Here	Date	
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Job Title: Partner		