



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

2012 MAR 19 AM 9:24

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: MASH, 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:
215 NORTH 9TH, SUITE A
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: 215 NORTH 9TH, SUITE A Pocatello ID
83201
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) *Rena Carlson-Lammers*
 Typed Name RENA CARLSON-LAMMERS, DVM

2) *Scott Higgins*
 Typed Name SCOTT HIGGINS, DVM

3) _____
 Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 03/19/2012 05:00
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Web Form

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