



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

18 MAR -7 AM 10: 01

(Instructions on back of application)

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: Steed Family Financial, 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:  
1881 S. Fairway Dr., Pocatello, Idaho, 83201
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: \_\_\_\_\_  
1881 S. Fairway Dr., Pocatello, Idaho, 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) [Signature]  
Typed Name Dan Wolfley

2) [Signature]  
Typed Name Paul Steed

3) [Signature]  
Typed Name Deborah Steed

Secretary of State use only

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