



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2013 JAN 28 AM 9:59

The undersigned elects to be a Limited Liability Partnership, and so information to the Secretary of State pursuant to Idaho Code § 53-3-81

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: J C Partnerships 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: _____

3. The street address of the limited liability partnership's chief executive office is: 2231 E. Lattice Dr., Meridian, ID 83642-3558

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: 2231 E. Lattice Dr., Meridian, ID 83642-3558

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) *Daniel Joseph Johnson*

Typed Name Daniel Joseph Johnson

2) *Glen David Collins Jr.*

Typed Name Glen David Collins Jr.

3) _____

Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
01/28/2013 05:00
CK: 1172 CT: 278604 BH: 1357503
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Web Form

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