



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2012 DEC 10 AM 9:22

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: On the Money Tax and Bookkeeping 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:

3773 W. 5th Avenue, Post Falls, Idaho, 83854

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: _____

3457 W. Vela Place, Unit A, Post Falls, Idaho, 83854

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) Nicole J. Coburn

Typed Name Nicole J. Coburn

2) Amanda R. Williamson

Typed Name Amanda R. Williamson

3) _____

Typed Name _____

Secretary of State use only

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