



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

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

2014 DEC -2 AM 8:36

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability partnership is: All Stops Transportation 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:  
8128 S. Rafael Way Boise ID 83709
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: 8128 S. Rafael Way Boise ID 83709
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): n/a

8. Signature of at least 2 partners: →

1)

Typed Name Allison Carter

2)

Typed Name Cody Freston

3)

Typed Name \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

12/02/2014 05:00

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