263

FILED EFFECTIVE



## STATEMENT OF QUALIFICATION OF

	<i>i</i> — 3	LIABILITY PARTNE rs 21 and 23, Idaho Code		
	Base Filing fee:		SECHETA	OF STATE OF IDAHO
	· · · · · · · · · · · · · · · · · · ·	ibmit the application in <u>duplicate</u> .	SIMIL	
				·
I. The name	ame of the limited liability partnership is:			
	er Brothers Partnership, L.L.P.			
(if the limited	d liability partnership is a g	ted Liability Partnership," "Registered Limited rofessional entity (as indicated in #7) the name the permitted abbreviations.)		
2. The stree	t address of the limite	d liability partnership's principal offic	e is:	
102 N	I. Highway 77		Declo,	ID 83328
(Street Addi	ress)		(City)	(State) (Zipcode)
Same	as above			
(Mailing Add	iress, if different)		(City)	(State) (Zipcode)
l. The stree	t address of an office	in this state, if any (if different from a	<b>#2</b> ):	
(Street Addr	1865)		(City)	(State) (Zipcode)
. Name and	I street address of the	registered agent.		
Troy C	Troy C. Langer 102 N.		7 Declo.	ID 83328
(Name)	<del></del>	· (Address)	(City)	(State) (Zipcode)
=		spondence (annual report notices):	<b>~</b> .	ID 00000
	C. Langer	102 N. Highway 77	Declo,	ID 83328
(Addre	iss)		(City)	(State) (Zipcode)
By filing this	document with the Sec	cretary of State, the partnership name	d herein elects to be a lim	ilted liability partnership.
with the Sec	cretary of State, the pa	ns permitted by 30-21-901(b), Idaho artnership agrees that it is duly licens nd that it is a professional limited liab	sed or otherwise legally:	
{	(If applicable, enter one of	the permitted professional services here, *CI	neck instructions for list of peri	mitted professions)
Signature	s of all partners:	[	Secretary of State use only	
rinted Name: "	Ryan Langer	·		
0			10AMO SECRETARY OF STATE 03/21/2016 05:00	
gnature: Klyton tonegen				CT:172099 BH:151949
	Jeff Langer			100.00 QUALIF LLP #
inted Name:	7 / ·		12605	
	· / / / ->	<u>'</u>	ν	-

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