



STATEMENT OF QUALIFICATION OF **FILED EFFECTIVE** LIMITED LIABILITY PARTNERSHIP **2015 MAY 14 AM 8:52**

(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: Paine Hamblen 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:

701 E. Front Ave. #101, Coeur d'Alene, Idaho 83814-4914 and P.O. Box 1468, Coeur d'Alene, ID 83816-2

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: CT Corporation System, 921 S. Orchard St. Ste. G, Boise, ID 83705

5. The mailing address for future correspondence is: P.O. Box 1468, Coeur d'Alene, ID 83816-2530

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) Jane E. Brown
Typed Name Jane E. Brown, Managing Partner

2) Greg J. Hesler
Typed Name Greg J. Hesler, Partner

3) _____
Typed Name _____

Secretary of State use only

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05/14/2015 05:00

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01/2001 Revised 05/05/2001

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