



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2012 JUL 26 AM 9:06

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

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Mosier Accounting L.L.P.
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:
23892 Dixie Rd. Parma ID 83660
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: 23892 Dixie Rd
Parma, ID 83660
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) Josh Mosier
Typed Name Josh Mosier

2) Hanna Mosier
Typed Name Hanna Mosier

3) _____
Typed Name _____

01/2001 Revised 01/2001

Secretary of State use only

IDAHO SECRETARY OF STATE
07/26/2012 05:00
CK: 262 CT: 272737 BH: 1333558
1 @ 100.00 = 100.00 QUALIF LLP # 2

Web Form

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