

FILED EFFECTIVE



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

7-7-2018 AM 8:35

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: Silcock-Hunsaker Properties, 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:

561 Terrace Drive, Burley Idaho, 83318

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: 561 Terrace Drive, Burley Idaho, 83318

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) *Jack M. Hunsaker*
Typed Name Jack M. Hunsaker

2) *Robert Silcock*
Typed Name Robert Silcock

Secretary of State use only

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12/18/2002 05:00
CK: 8368 CT: 3708 BH: 652100
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Web Form

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