



0005916166

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

*For Office Use Only***-FILED-**

File #: 0005916166

Date Filed: 10/1/2024 1:00:45 PM

Statement of Qualification of Limited Liability Partnership	
Select one: Standard, Expedited or Same Day Service (see descriptions below)	Same Day Service (+\$100; filing fee \$200)
Limited Liability Partnership Name	
Type of Limited Liability Partnership	Limited Liability Partnership
Entity name	Sunnyside Fallers LLP
Limited Liability Partnership Designation	
<input checked="" type="checkbox"/> By checking this box and filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.	
The complete street address of the principal office is:	
Principal Office Address	SUNNYSIDE FALLERS LLP 1547 SUNNYSIDE ROAD LENORE, ID 83541
The mailing address of the principal office is:	
Mailing Address	SUNNYSIDE FALLERS LLP 1547 SUNNYSIDE BENCH RD LENORE, ID 83541-5025
Street address of an office in this State:	
Address	None
Registered Agent Name and Address	
Registered Agent	Registered Agent Michael J Shively Physical Address: 1547 SUNNYSIDE BENCH ROAD LENORE, ID 83541 Mailing Address: SUNNYSIDE FALLERS 1547 SUNNYSIDE BENCH RD LENORE, ID 83541-5025
<input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.	
6. Signature of individual authorized by partners to sign:	
<i>Michael Shively</i>	<i>10/01/2024</i>
Sign Here	Date
Job Title: Partner	

B0951-1951 10/01/2024 1:03 PM Received by Office of the Idaho Secretary of State