



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

09 AUG 25 PM 3:14

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: J & R Barber Shop, 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:
4115 Broadway Ave., Boise Idaho 83705
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: 4115 Broadway Ave., Boise Idaho 83705
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) [Signature]
Typed Name James S. Sanders
- 2) [Signature]
Typed Name Richard E. Moore
- 3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/25/2009 05:00
CK: CASH CT: 239997 BN: 1104394
1 @ 100.00 = 100.00 QUALIF LLP # 2

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Web Form

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