



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

2015 FEB 18 PM 12:54

(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: Vinyl Woods 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: _____
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: 16881 N. Darmady Loop
(Lisa Holzwarth) Nampa, ID 83687
5. The mailing address for future correspondence is: 1643 W. Hawaii Ave.
Nampa, ID 83686
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): _____

8. Signature of at least 2 partners:

[Signature]
 Typed Name Katie Holzwarth

[Signature]
 Typed Name Lisa Holzwarth

3) _____
 Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/18/2015 05:00

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Web Form

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