



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

2012 AUG 28 PM 1:22

(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: Saveur Sisters, LLP
2. If previously filed a statement of partnership, the name used in that statement is: N/A  
The date it was filed with the Idaho Secretary of State's Office was: N/A
3. The street address of the limited liability partnership's chief executive office is: 11220 W. Daniel Court, Boise, ID 83713
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A
5. The mailing address for future correspondence is: 11220 W. Daniel Court, Boise, ID 83713
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): N/A

## 8. Signature of at least 2 partners:

- 1) [Signature]  
Typed Name Leanne Crist
- 2) [Signature]  
Typed Name Kristina Ellis
- 3) \_\_\_\_\_  
Typed Name \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/28/2012 05:00  
CK: 1730 CT: 120575 BH: 1337658  
1 @ 100.00 = 100.00 QUALIF LLP # 2

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Web Form

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