



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2015 APR -1 AM 8:38
FILED EFFECTIVE

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: Blue Dot Partners 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:

130 Valley Creek Road Stanley Idaho 83278

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: Jocelyn Plass - 130 Valley Creek Road Stanley ID 83278

5. The mailing address for future correspondence is: PO Box 341 Stanley ID 83278

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) Jocelyn F. Plass
Typed Name Jocelyn Plass

2) [Signature]
Typed Name Doug Plass

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/01/2015 05:00

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