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STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

File #: 0004414407

Title 30, Chapters 21 and 23, Idaho Code

Date Filed: 9/10/2021 1:07:00 PM

For Office Use Only

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be t (bed)

The name of the limited liability partnership is: 1.

Black Dharma LLP

(Remember to include the words "Limited Liability Partnership," "Registered Limited Liability Partnership", or the permitted abbreviations) If the limited liability partnership is a professional entity (as indicated in #7) the name may include the word "professional" before the word "limited" or the letter "P" at the beginning of any of the permitted abbreviations. (Remember to include the words "Limited Liability Partnership," "Registered Limited Liability Partnership", or the permitted abbreviations)

2. The street address of the limited liability partnership's principal office is:

7				<u>77</u> @	
	(Street Address)				
-	9401 South Updale Avenue I		ce <u>i</u> ved		
	(Mailing Address, if different)				
•	The street address of an office in the	his state, if any (if different from	#2):		
				Аq	
	(Street Address)			н	
4.	Name and street address of the reg	istered agent.		A	
	Christopher Quiggle 9401 South Updale Avenue Kuna Idaho 83634			0 0	
	(Name)	(Address)			
	(Hanc)	(//04/055)		e,	
5.	Mailing address for future correspondence (annual report notices):			etary	
	9401 South Updale Avenue Kuna Idaho 83634			гү	
	(Address)			0	
	By fling this document with the Sec	nton, of State, the partnership of	amed herein elects to be a limited liability partr	Hi erchin	
	By ming this document with the Seci	etaly of State, the partnership ha	arried herein elects to be a influed liabling parti	t.	
•7	By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing the document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.				
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	(If applicable, enter one of the	permitted professional services here.	See instructions for list of permitted professions *)	Laweren	
	Signatures of all partners:		Secretary of State use only	e	
				Q	
Prin	ted Name: Christopher Quiggle				
	1/1 2/m/71				
ligi	hature:			• Denney	

Signature: