



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

12 JAN 27 PM 12:57

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: Alpha Team Manpower, 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:  
310 E 4th Street, Emmett, ID. 83617
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: 310 E 4th Street, Emmett, ID. 83617
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)

Typed Name Joseph Wright

2)

Typed Name Johnathan Thomas

3)

Typed Name

Secretary of State use only

5300formslqualif.p65 Revised 01/2001

Web Form

IDAHO SECRETARY OF STATE  
01/27/2012 05:00  
CK: CASH CT: 266379 BH: 1300054  
1 @ 100.00 = 100.00 QUALIF LLP # 2

J2138