



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

02 JUN 28 PM 4:48

(Instructions on back of application)

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 33-3-1001

 SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Ellison Family 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:
4177 N. Penfield Place, Boise, Idaho 83713
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: _____
4177 N. Penfield Place, Boise, Idaho 83713
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) Tina Ellison

Typed Name Tina Ellison

2) Afton-Dawn Ellison

Typed Name Afton Dawn Ellison

3) _____

Typed Name _____

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Secretary of State use only

 IDAHO SECRETARY OF STATE
 07/01/2002 05:00
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