

**FILED EFFECTIVE**

# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(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 § 53-3-1001

1. The name of the limited liability partnership is: M Squared 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:  
19885 Franklin Road, Nampa, ID 83687
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: 19885 Franklin Road, Nampa, ID 83687
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) Barbara A. Johnston

Typed Name Barbara A. Johnston

2) Matthew A. Gerosin

Typed Name Matthew A. Gerosin

3) \_\_\_\_\_

Typed Name \_\_\_\_\_

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Secretary of State use only

IDAHO SECRETARY OF STATE  
02/07/2003 05:00  
CK: 0028 CT: 167213 BH: 661626  
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Web Form

IDAHO SECRETARY OF STATE