



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2013 APR 19 AM 9:18

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: America's Satellite T.V. L.P.
America's Satellite T.V. L.P.
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:
674 N Pleasant View Rd. Post Falls, ID 83854
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: 201 N Regency Ct
Coeur d'Alene, ID, 83815
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) Kyle Rodgers
Typed Name Kyle Rodgers

2) Zephani Holt
Typed Name Zephani Holt

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/19/2013 05:00
CK: 502 CT: 282093 BH: 1370294
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Web Form

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