



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2012 JUN 18 AM 9:28

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: Second Chance Thrift Store, LLP
2. If previously filed a statement of partnership, the name used in that statement is:
None
- 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:
708 Main Street, Lewiston ID 83501
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: _____
708 Main Street, Lewiston ID 83501
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)

Matthew Bowers
Typed Name Matthew Bowers

2)

Mickey Bernier
Typed Name Mickey Bernier

3)

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
06/18/2012 05:00
CK: 23118 CT: 271532 BH: 1328676
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Web Form

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