

FILED EFFECTIVE

263



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

2013 DEC 11 AM 9:10
SECRETARY OF STATE
OFFICE OF IDAHO

1. The name of the limited liability partnership is: CR&M L.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:
8044 Tut Lane, Melba, ID 83641
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: 8044 Tut Lane, Melba, ID 83641
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) *Christopher J Rowe*
Typed Name Christopher J Rowe

2) *Christopher H May*
Typed Name Christopher H May

3) _____
Typed Name

Secretary of State use only

Idaho Secretary of State Revised 01/2003

Web Form

IDAHO SECRETARY OF STATE
12/11/2013 05:00
CK: 2727 CT: 298536 BH: 1401338
1 @ 100.00 = 100.00 QUALIF LLP # 2

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