



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2013 MAY 15 AM 8:49

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

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Country Kiddos
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:

204 Pleasant St. New Plymouth, ID 83655

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: 204 Pleasant Street
New Plymouth, ID 83655

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) Macee R Cole

Typed Name Macee R Cole

2) Brianna Clement

Typed Name Brianna Clement

3) _____

Typed Name _____

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Secretary of State use only

IDAHO SECRETARY OF STATE
05/15/2013 05:00
CK: 1014 CT: 203100 BH: 1373944
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 CORP SUR # 3

Web Form

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