

FILED EFFECTIVE

263



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2008 SEP 19 AM 10: 53

SECRETARY OF STATE

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: The Community Group 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:
722 Valli Hi Eagle, ID 83616
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: 722 Valli Hi Eagle, ID 83616
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) [Signature]

Typed Name Adam Frost

2) [Signature]

Typed Name Todd Swenddal

3) _____

Typed Name _____

Secretary of State use only

Web Form

IDAHO SECRETARY OF STATE
09/19/2008 05:00
CK: 154548 CT: 172099 BH: 1136725
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