

FILED EFFECTIVE



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

OCT 28 PM 3:10

SECRETARY OF STATE  
STATE OF IDAHO

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: SHOX LIMITED LIABILITY PARTNERSHIP

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:

104 E Shingle Creek Drive, Riggins, Idaho 83549

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: 104 E Shingle Creek Drive  
Riggins, Idaho 83549

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) Jay H Cox

Typed Name JAY H. COX

2) Jay H Cox

Typed Name LEROY H. SHAW

3) [Signature]

Typed Name

g:\compliance\qualif.p65 Revised 01/2001

Secretary of State use only

IDAHO SECRETARY OF STATE

10/28/2010 05:00

CK: 191 CT: 252300 BH: 1245039

1 @ 100.00 = 100.00 QUALIF LLP # 2

Web Form

J2024