

FILED EFFECTIVE



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

07 AUG 28 AM 8:21
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Roth Gomm 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:

6498 S Surprise Way, Boise, ID 83716

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: 6498 S Surprise Way, Boise, ID 83716

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)

Michael B. Roth
Typed Name Michael B. Roth

2)

Tyler J. Gomm
Typed Name Tyler J. Gomm

3)

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
08/28/2007 05:00
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Web Form

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