



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

08 MAY -7 AM 10:35

SECRETARY OF STATE
STATE OF IDAHO

The undersigned elects to be a Limited Liability Partnership, and submits information to the Secretary of State pursuant to Idaho Code § 53-3-100.

1. The name of the limited liability partnership is: Little Doris Restaurant LP

2. If previously filed a statement of partnership, the name used in that statement is: NA

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:

3256 Hwy 30 W Pocatello, Idaho 83201

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: NA

5. The mailing address for future correspondence is: 3256 Hwy 30 W.
Pocatello, Idaho 83201

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) Anita Terrell

Typed Name Anita Terrell

2) Steven Terrell

Typed Name Steven Terrell

3)

Typed Name _____

Secretary of State use only

Revised 01/2001

IDAHO SECRETARY OF STATE
05/07/2008 05:00
CK: 207781 CT: 25346 BH: 1113897
1 @ 20.00 = 20.00 EXPEDITE C # 2
1 @ 20.00 = 20.00 CORP SUR # 3

IDAHO SECRETARY OF STATE
05/07/2008 05:00
CK: 900089 CT: 25346 BH: 1113896
1 @ 100.00 = 100.00 QUALIF LLP # 2

J1738