



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

10 OCT 28 11:10:22

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: R S Ventures 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: 5321 Wylie Lane Boise Idaho 83703

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: 5321 Wylie Lane Boise Idaho 83703

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 Jeff Schlager

2) [Signature]  
Typed Name Bryce Roberts

3) \_\_\_\_\_  
Typed Name \_\_\_\_\_

Secretary of State use only  
01/2001 Revised 01/2001

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10/28/2010 05:00  
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