



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

1. The name of the limited liability partnership is: _____
FOX VALLEY PROTECTIVE SERVICES 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:

499 HENGLOW DR CASCADE, IDAHO 83611

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: _____
499 HENGLOW DR CASCADE, ID 83611

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)
Typed Name DAVID LAMB

2) _____
Typed Name DAVID FOX

3)
Typed Name _____

Secretary of State use only

01/2001
g:\comp\makmak\qualif.p65 Revised

IDAHO SECRETARY OF STATE
11/17/2009 05:00
CK: 103 CT: 242316 BH: 1195702
1 @ 100.00 = 100.00 QUALIF LLP # 2

Web Form

J1931