

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 Idaha Code 5 53 2 1004 information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1.	The name of the limited liability partnership is:
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:  120 CHESTNUT ST NAMPA ID 83686
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:
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) \( \) Secretary of State use only
	Typed Name ISMAEL MORENO  2) X  Typed Name FRANCISCO VARGAS  3)  Typed Name  Typed Name

Web Form