



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: J & R Gifts, LLP
2. If previously filed a statement of partnership, the name used in that statement is: _____
3. The street address of the limited liability partnership's chief executive office is:
3022 Kingsgate Dr Nampa ID 83687
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: 30220 Kingsgate Dr Nampa ID 83687
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) Janice A. McConnell
Typed Name Janice McConnell
 - 2) Roger Hays
Typed Name Roger Hays
 - 3) _____
Typed Name _____

ppolformav1a.pdf Revised 01/2001

Secretary of State use only

IDaho SECRETARY OF STATE
12/27/2004 05:00
CK: 3231 CT: 184659 BH: 783519
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