



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

FILED EFFECTIVE
2003 APR 17 AM 8:38
STATE OF IDAHO

1. The name of the limited liability partnership is: Advantage Properties 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:
453 Hopkins Road, Sandpoint, Idaho 83864
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: 453 Hopkins Road, Sandpoint, Idaho 83864
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) Bryan Keibler
Typed Name Bryan Keibler
2) Lianne Keibler
Typed Name Lianne Keibler
3)
Typed Name _____

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Aero Form

Secretary of State use only

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IDAHO SECRETARY OF STATE
04/17/2003 05:00
CK: 1088 CT: 169239 BH: 675286
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