

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP APR 29 AM 9:51

(Instructions on back of application)

STATE OF IDAHO

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: KKRD 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:
	727 E Huckleberry (t. Kuna ID 83634
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: 727 E Huckle kerry (4. Kuna Tb 83634
6.	The above-named partnership elects to be a limited liability partnership.
7.	Future effective date (optional):
	Signature of at least 2 partners:
	Typed Name Sichard Drewniak 2) Lill Sing Signature Sign
	3) IDAHO SECRETARY OF STATE 04/29/2011 05:00 Typed Name CK: 2812 CT: 258287 BH: 1271469
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