



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE
2015 MAY -8 PM 1:38

SECRETARY OF STATE
STATE OF IDAHO

The undersigned elects to be a Limited Liability Partnership, and submits the information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1. The name of the limited liability partnership is: abloom 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:

6535 W Dufferin Ct, Boise, ID 83714

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: 6535 W Dufferin Ct, Boise, ID 83714

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) Nicole Kelchner-Williamson

Typed Name Nicole Kelchner-Williamson

2) Amber Valdez

Typed Name Amber Valdez

3) _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/08/2015 05:00

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