



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2012 JUN 15 AM 9:03

SECRETARY OF STATE  
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: BALANCE POINT CHIROPRACTIC, LLP

2. If previously filed a statement of partnership, the name used in that statement is:

N/A

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:

309 E. Logan St., Caldwell, ID 83605

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: 309 E. Logan St., Caldwell, ID  
83605

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) JARS, Inc, By Taron Soran, Pres

Typed Name JARS, Inc.

2) Roland V. Morrison

Typed Name Roland V. Morrison

3) \_\_\_\_\_

Typed Name \_\_\_\_\_

Secretary of State use only

g:\options\qualip.p65 Revised 01/2001

IDAHO SECRETARY OF STATE  
06/15/2012 05:00  
CK: 3185 CT: 78787 DH: 1326511  
1 @ 100.00 = 100.00 QUALIF LLP # 2

J2182