



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

08 SEP 22 AM 9:27

SECRETARY OF STATE
STATE OF IDAHO

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

1. The name of the limited liability partnership is: Boyle, Platte, and Kee, 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:

515 Pine Street, Suite I, Sandpoint, ID 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: _____

515 Pine Street, Suite I, Sandpoint, ID 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)

Robert E. Boyle
Typed Name Robert E. Boyle

2)

Andrew T. Platte
Typed Name Andrew T. Platte

3)

Beverly A. Kee
Typed Name Beverly A. Kee

Secretary of State use only

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IDAHO SECRETARY OF STATE
09/22/2008 05:00
CK: 1332 CT: 229919 BH: 1136896
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