



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Title 30, Chapters 21 and 23, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 JUN 16 PM 3:07

SECRETARY OF STATE
STATE OF IDAHO

Page 1 of 3

1. The name of the limited liability partnership is:

Wahine Glenn LLP

(Remember to include the words "Limited Liability Partnership," "Registered Limited Liability Partnership," or the permitted abbreviations.
(If the limited liability partnership is a professional entity (as indicated in #7) the name may include the word "professional" before the word "limited" or the letter "P" at the beginning of any of the permitted abbreviations.)

2. The street address of the limited liability partnership's principal office is:

479 Highway 74

Twin Falls

ID 83301

(Street Address)

(City)

(State)

(Zipcode)

(Mailing Address, if different)

(City)

(State)

(Zipcode)

3. The street address of an office in this state, if any (if different from #2):

(Street Address)

(City)

(State)

(Zipcode)

4. Name and street address of the registered agent:

Julie A. Wildman

479 Highway 74

Twin Falls

ID 83301

(Name)

(Address)

(City)

(State)

(Zipcode)

5. Mailing address for future correspondence (annual report notices):

479 Highway 74

Twin Falls

ID 83301

(Address)

(City)

(State)

(Zipcode)

6. By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.

7. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.

(If applicable, enter one of the permitted professional services here. Check instructions for list of permitted professions.)

8. Signatures of all partners:

Printed Name: **Carla Marie Glenn Trust**

Signature: Carla Glenn Trust

Printed Name: **Jeannine I. Berriochoa, Co. Trustee**

Signature: Jeannine I. Berriochoa

Secretary of State use only

IDAHO SECRETARY OF STATE

06/19/2017 05:00

CK:22937 CT:14917 EH:1589390

1@ 100.00 = 100.00 QUALIF LLP #2

J2749



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Title 30, Chapters 21 and 23, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the application in **duplicate**.

Page 2 of 3

1. The name of the limited liability partnership is:

Wahine Glenn LLP

(Remember to include the words "Limited Liability Partnership," "Registered Limited Liability Partnership," or the permitted abbreviations) If the limited liability partnership is a professional entity (as indicated in #7) the name may include the word "professional" before the word "limited liability" or the word "LLP" at the beginning of any of the permitted abbreviations.

2. The street address of the limited liability partnership's principal office is:

479 Highway 74

Twin Falls

ID 83301

(Street Address)

(City)

(State)

(Zip Code)

(Mailing Address - if different)

(City)

(State)

(Zip Code)

3. The street address of an office in this state, if any (if different from #2):

(Street Address)

(City)

(State)

(Zip Code)

4. Name and street address of the registered agent:

Julie A. Wildman

479 Highway 74

Twin Falls

ID 83301

(Name)

(Address)

(City)

(State)

(Zip Code)

5. Mailing address for future correspondence (annual report notices):

479 Highway 74

Twin Falls

ID 83301

(Address)

(City)

(State)

(Zip Code)

6. By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.

7. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.

(if applicable, enter one of the permitted professional services here. *Check instructions for list of permitted professions)

8. Signatures of all partners:

Printed Name: **Julie A. Wildman**

Signature: *Julie A. Wildman*

Printed Name: **Jeannine I. Berriochoa**

Signature: *Jeannine I. Berriochoa*

Rev. 07/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

06/19/2017 05:00

CK:22937 CT:14917 BH:1589390

10 100.00 = 100.00 QUALIF LLP #2



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Title 30, Chapters 21 and 23, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the application in duplicate.

Page 3 of 3

1. The name of the limited liability partnership is:

Wahine Glenn LLP

(Remember to include the words "limited liability partnership" in the name of the partnership. If the partnership is a professional limited liability partnership, the name must include the words "professional limited liability partnership".)

2. The street address of the limited liability partnership's principal office is:

479 Highway 74

Twin Falls

ID 83301

(City, State, and ZIP Code)

(Mailing Address, if different)

3. The street address of an office in this state, if any (if different from #2):

(Street Address) (City) (State) (ZIP Code)

4. Name and street address of the registered agent:

Julie A. Wildman

479 Highway 74

Twin Falls

ID 83301

(Name) (Street Address) (City) (State) (ZIP Code)

5. Mailing address for future correspondence (annual report notices):

479 Highway 74

Twin Falls

ID 83301

(City, State, and ZIP Code)

6. By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.

7. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.

(Type or print the profession or service in the space below. If the partnership is a professional limited liability partnership, the profession or service must be one of those listed in 30-21-901(b), Idaho Code.)

8. Signatures of all partners:

Printed Name: **Carla Marie Glenn Trust**

Signature: Carla Marie Glenn Trust

Printed Name: **Julie A. Wildman, Co. Trustee**

Signature: Julie A. Wildman, Co. Trustee

Secretary of State use only

IDAHO SECRETARY OF STATE

06/19/2017 05:00

CK:22937 CT:14917 BH:1589390

1@ 100.00 = 100.00 QUALIF LLP #2