



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2014 AUG -8 PM 2:46

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 § 53-3-100.

1. The name of the limited liability partnership is: Yellow Umbrella, LLP
2. If previously filed a statement of partnership, the name used in that statement is: _____
3. The date it was filed with the Idaho Secretary of State's Office was: _____
4. The street address of the limited liability partnership's chief executive office is: 3380 N Romrell Ave Idaho Falls ID 83401
5. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: _____
6. The mailing address for future correspondence is: 3380 N Romrell Ave Idaho Falls, Id 83401
7. The above-named partnership elects to be a limited liability partnership.
8. Future effective date (optional): _____
9. Signature of at least 2 partners:
 - 1) Ryan Joos
Typed Name Ryan Joos
 - 2) Lisa Joos
Typed Name Lisa Joos
 - 3) _____
Typed Name _____

01/20/2014
Revised
Form 55
gcorpform&qualp

Secretary of State use only
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Web Form

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