

APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application) 83122 9 AM 9:42



STATE OF IDAHO

The undersigned partnership hereby applies for registration as a Limited Liability Partnership, and submits the following information pursuant to section 53-343A, I C

1. The name of the partnership is Van Lohuizen & Maxwell LLP
2. It's principal office is located at 905 East 1st Avenue, Post Falls, ID 83854
3. It's registered office in Idaho is located at 1458 East Dufort Road, Sagle, ID 83860 and the name of the registered agent at that address is Scott Maxwell
4. The partnership is organized in the state of Idaho
5. The nature of it's business is Financial Planning Services
6. The name(s) and address(es) of at least one partner:

Name

Address

Timothy Van Lohuizen

905 East 1st Avenue, Post Falls, ID 83854

Scott Maxwell

1458 East Dufort Road, Sagle, ID 83860

7. Other matters (optional):

8. Signature(s) of at least one partner listed in item 6.

[Signature]

IDAHO SECRETARY OF STATE
Secretary of State use only

04/09/1998 09:00
CX: 2945 LI: 93693 RH: 39491

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