



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP FILED EFFECTIVE

(Instructions on back of application)

The undersigned elects to be a Limited Liability Partnership, and submit this information to the Secretary of State pursuant to Idaho Code § 53-3-201.

2009 APR -1 PM 3:30
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: SONNY DAYZ,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:
21859 Main Street, Greenleaf, Idaho 83626

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: PO Box 245 Greenleaf, Idaho 83626

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): APRIL 1, 2009

8. Signature of at least 2 partners:

1) *Kelley Cotner*
Typed Name KELLEY COTNER

2) _____
Typed Name SHERRIL SKELTON

3) *Sherril Skelton*
Typed Name _____

Secretary of State use only

04/01/2009 05:00
CK: 220057 CT: 172999 BN: 1164030
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Web Form

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