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STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED

(Instructions on back of application)

2006 SEP 27 PM 3:24

 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 § 53-3-1001

1. The name of the limited liability partnership is: Gem State Insurance Agency, L.L.P.

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:

4544 Yellowstone Ave #C Chubbuck, ID 83202

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: _____

4544 Yellowstone Ave #C Chubbuck, ID 83202

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

7. Future effective date (optional): 10/01/2006

8. Signature of at least 2 partners:

1) Brian T. Muir

Typed Name Brian Muir

2) Caleb W. Wolfe

Typed Name Caleb W. Wolfe

3) _____

Typed Name _____

Secretary of State use only

11/20/01

IDAHO SECRETARY OF STATE
09/28/2006 09:45
CK: 923057 CT: 172099 BH: 977466
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Web Form

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