



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

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

FILED EFFECTIVE
2013 JUN 17 AM 9:21
SECRETARY OF STATE
IDAHO

1. The name of the limited liability partnership is: Hall Angell & Starnes, LLP

2. If previously filed a statement of partnership, the name used in that statement is:

N/A

The date it was filed with the Idaho Secretary of State's Office was: N/A

3. The street address of the limited liability partnership's chief executive office is:

880 Wheatstone Drive, Idaho Falls, ID 83404

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: 880 Wheatstone Drive, Idaho Falls, ID 83404

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

7. Future effective date (optional): _____

8. Signature of at least 2 partners:

1) [Signature] Pres.

Typed Name Blake G. Hall & Associates, Inc.

2) [Signature] Pres.

Typed Name Sam L. Angell & Associates, Inc.

3) [Signature] Pres.

Typed Name Nathan R. Starnes & Associates, Inc.

Secretary of State use only

01/2001 Revised g:\comforms\qualip.p65

IDAHO SECRETARY OF STATE
06/17/2013 05:00
CK: 4395 CT: 175485 BH: 1378268
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

Web Form

J2290