





STATE OF IDAHO

Office of the secretary of state, Lawerence Denney STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

For Office Use Only

-FILED-

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Statement of Qualification of Limited Liability Partnership Select one: Standard, Expedited or Same Day Service (see descriptions below)	Same Day Service (+\$100; filing fee \$200)
Limited Liability Partnership Name	
Type of Limited Liability Partnership	Limited Liability Partnership
Entity name	SSJN 4 SEASONS, LLP
imited Liability Partnership Designation	
By checking this box and filing this document with the Seclimited liability partnership.	cretary of State, the partnership named herein elects to be a
The complete street address of the principal office is:	
Principal Office Address	570 WOOD RIVER DRIVE KETCHUM, ID 83340
The mailing address of the principal office is:	
Mailing Address	LALLMAN CPA+ ADVISORS PO BOX 989
	KETCHUM, ID 83340-0989
Street address of an office in this State:	
Address	None
Registered Agent Name and Address	
Registered Agent	Registered Agent
	KEN PIERCE
	Physical Address: 100 SOUTH LEADVILLE AVE.
	SUITE 200
	KETCHUM, ID 83340
	Mailing Address:
	KEN PIERCE
	PO BOX 989
	KETCHUM, ID 83340-0989
☑ I affirm that the registered agent appointed has consented.	d to serve as registered agent for this entity.
S - amminum non registerious agent appendies national series	
6. Signature of individual authorized by partners to sign:	
Kan Diagra	12/20/2022
Ken Pierce	12/29/2022
Sign Here	Date
Job Title: Partner	