



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

MAR 20 AM 8:41  
SECRETARY OF STATE

(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

1. The name of the limited liability partnership is: All Point Technologies 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:  
3773 N. 2250 E. Filer ID 83328

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A

5. The mailing address for future correspondence is: 1851 Targhee Drive, Twin Fall ID 83301

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) Ginny Gunn

Typed Name Ginny Gunn

2) Christine Gunn Baker

Typed Name Christine Gunn Baker

3) James Gunn

Typed Name James Gunn

Secretary of State use only

group1form1qualif.pdf Revised 01/2001

IDAHO SECRETARY OF STATE  
03/20/2009 05:00  
CR: 2790 CT: 235346 BH: 1162195  
1 0 100.00 = 100.00 QUILIF LLP # 2

Web Form

J1850