

Typed Name Rachael E Eastman

Typed Name

## 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

1.	The name of the limited liability partnership is: Palouse Screen Printing 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:  3050 Tomer Rd. Moscow, ID 83843
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: 3050 Tomer Rd. Moscow, ID 83843
6.	The above-named partnership elects to be a limited liability partnership.
7.	Future effective date (optional): 7/1/2015
8.	Signature of at least 2 partners:  1) Secretary of State use only 1 DAHO SECRETARY OF STATE 06/29/2015 05:00  CK: 2391 CT: 311804 BH: 1481635

CK:2391 CT:311804 BH:1481635 10 100.00 = 100.00 QUALIF LLP #2 16 20.00 = 20.00 EXPEDITE C #3

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