



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2014 OCT -6 AM 9:54  
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: East Fork Taxidermy 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:

1201 E Fork RD Bovill, ID 83806

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: PO Box 605 Bovill, ID 83806

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) *Michelle M Corker*  
Typed Name Michellerose M Corker

2) *Raymond L Kerns*  
Typed Name Raymond L Kerns

3) \_\_\_\_\_  
Typed Name \_\_\_\_\_

Secretary of State use only  
IDAHO SECRETARY OF STATE  
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