



0005152071

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***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-**

File #: 0005152071

Date Filed: 3/10/2023 1:30:06 PM

|  |                           |
|--|---------------------------|
| Statement of Qualification of Limited Liability Partnership<br>Select one: Standard, Expedited or Same Day Service (see descriptions below)  |                           |
| Standard (filing fee \$100)  |                           |
| Limited Liability Partnership Name<br>Type of Limited Liability Partnership      Limited Liability Partnership<br>Entity name      Certified Mobile Rv LLP   |                           |
| Limited Liability Partnership Designation<br><input checked="" type="checkbox"/> By checking this box and filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.                               |                           |
| The complete street address of the principal office is:<br>Principal Office Address      FRANK OR CAM<br>113 CLEAR CREEK DRIVE<br>BUHL, ID 83316   |                           |
| The mailing address of the principal office is:<br>Mailing Address      FRANK OR CAM<br>113 CLEAR CREEK DR<br>BUHL, ID 83316-1840  |                           |
| Street address of an office in this State:<br>Address      CAM OR FRANK<br>467 WATCHMAKER<br>TWIN FALLS, ID 83301  |                           |
| Registered Agent Name and Address<br>Registered Agent      REGISTERED AGENTS INC<br>Commercial Registered Agent<br>Physical Address<br>784 S CLEARWATER LOOP STE R<br>POST FALLS, ID 83854<br>Mailing Address<br>784 S CLEARWATER LOOP STE R<br>POST FALLS, ID 83854 |                           |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.   |                           |
| 6. Signature of individual authorized by partners to sign:<br><br><i>Frank Moulton</i>   |                           |
| Sign Here  | <u>03/10/2023</u><br>Date |
| Job Title: Partner   |                           |

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