



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED

2014 OCT -2 AM 9:07

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: Borg Property Management 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:
177 Poppy Lane, Weippe, ID 83553
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: P.O. Box 75, Weippe, ID 83553
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): January 1, 2015

8. Signature of at least 2 partners:

1) Carlene Dawson

Typed Name Carlene Dawson

2) Eric Borg

Typed Name Eric Borg

3) _____

Typed Name _____

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Secretary of State use only

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