FILED EFFECTIVE



## STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

2008 JUL 18 PM 2:

(Instructions on back of application)

SECRETARY OF STA

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 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: Cedar Ave Sandpoint 1D 85864 2.11 4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: \_\_\_\_NA 5. The mailing address for future correspondence is: 211 Cedar Ave Sandpoint 10 83864 6. The above-named partnership elects to be a limited liability partnership. 7. Future effective date (optional): \_\_\_\_\_ 8. Signature of at least 2 partners: Secretary of State use only Typed Name Kumanfiai Typed Name

