

STATEMENT OF QUALIFICATION OF FILED EFFECTIVE

2017 JUN 29 AM 9: 14

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

a .	T1	C 41	15	15 a 1 2120 a 2		
1.	The name	of the	ilmitea	навшту	partnership	IS:

MC Fen	icing LLP				
(If the limited		artnership." 'Registered Limited Liability Partnership, "or the permitted abbroviations) pity (as indicated in #7) the name may include the word "professional" before the word "simited." or d abbreviations.)			
The stree	t address of the limited liability p	artnership's principal office is:			
16 Meso	quite Lane, Salmon,ID 8346	3 7			
(Street Add	538)				
(Mailing Add	fress, if different)				
The stree	t address of an office in this state	e, if any (if different from #2):			
(Street Add	ress)				
Name and	istreet address of the registered	d agent:			
	Clay Jackson 16 Mesquite Lane, Salmon, ID 83467				
(Nama)		(Address)			
Mailing a	ddress for future correspondence	e (annual report notices):			
16 Mes	quite Lane, Salmon, ID 834	467			
(Address)					
By filing th	By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.				
document	with the Secretary of State, the p	ted by 30-21-901(b), Idaho Code, in the space below, and by filing this partnership agrees that it is duly licensed or otherwise legally authorized to and that it is a professional limited liability partnership.			
	(If applicable, enter use of the permitted	I professional services here. *Check instructions for list of permitted professions)			
Signature	es of all partners:	Secretary of State use only			
rinted Name:	Clay Jackson	IDANO SECRETARY OF STATE			
/		06/29/2017 05:00			
/	10 NJ 6/9	7 6/17 CW-167 CT-341932 RW-1691208			

Signature:

Printed Name: Mitchell Myers

10 100.00 = 100.00 QUALIF LLP #2