| APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP (Instructions on back of application) State of 4110.59 The undersigned partnership hereby applies for registration as a Limited Diability Partnership, and submits the following information pursuant to section 53-343A, I.C. | |
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| | |
| . It's principal office is located a | t 3941 Nicklaus Drive |
| | Coeur d'Alene, ID 83815 |
| tt's registered office in Idaho i | s located at 3941 Nicklaus Drive |
| | Alene, ID 83815 ,and the name of the registered |
| | ike Kincaid |
| _ | |
| 4. The partnership is organized | in the state of Idaho |
| 5. The nature of it's business is | Aviation Support |
| 6. The name(s) and address(es | s) of at least one partner: |
| Name | Address |
| Jerome D. Rose | 4240 E. Burchell Dr., Hayden, ID |
| | , 83835 |
| r | |
| ſ | |
| | |
| 7. Other matters (optional): | |
| 7. Other matters (optional): | |
| 7. Other matters (optional): | Secretary of State use only |
| 8. Signature(s) of at least one | partner listed |
| 8. Signature(s) of at least one in item 6. | the second in the second se |

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