





## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney 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

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-FILED-

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Statement of Qualification of Limited Liability Partnership  Select one: Standard, Expedited or Same Day Service (see descriptions below)	Expedited (+\$40; filing fee \$140)	
Limited Liability Partnership Name		
Type of Limited Liability Partnership	Limited Liability Partnership	
Entity name	Vista Enterprises LLP	
Limited Liability Partnership Designation		
By checking this box and filing this document with the Secretiability partnership.	etary of State, the partnership named herein elects to be a limi	ted
The complete street address of the principal office is:		
Principal Office Address	2615 N. ASH PARK LN. BOISE, ID 83704	
The mailing address of the principal office is:		
Mailing Address	2615 N ASH PARK LN BOISE, ID 83704-5705	
Street address of an office in this State:		
Address	None	
Registered Agent Name and Address		
Registered Agent	Registered Agent	
	Chad M. Rowland Physical Address:	
	2615 N. ASH PARK LN.	
	BOISE, ID 83704	
	Mailing Address:	
	2615 N ASH PARK LN BOISE, ID 83704-5705	
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☐ I affirm that the registered agent appointed has consented t	o serve as registered agent for this entity.	
6. Signature of individual authorized by partners to sign:		
Chad M. Rowland	01/12/2022	
Sign Here	Date	
Job Title: Partner		