



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

2013 MAR -1 AM 8:48

(Instructions on back of application)

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: Sawtooth Vintage 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:
504 South River Street, Hailey Idaho 83333
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: 504 South River Street, Hailey Idaho 83333
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): March 1, 2013

8. Signature of at least 2 partners:

1) Tonya Schneider

Typed Name : Tonya Schneider

2) Naomi Spence

Typed Name : Naomi Spence

3) _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/01/2013 05:00
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Web Form

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