



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(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: NORTHWEST TRADING PARTNERS
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:  
1223 MICHIGAN ST STE E SANDPOINT ID 83864
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: \_\_\_\_\_  
1223 MICHIGAN ST STE E SANDPOINT ID 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:

1) Lawrence D Mooney

Typed Name LAWRENCE D MOONEY

2) PAT FICEK

Typed Name PAT FICEK

3) \_\_\_\_\_

Typed Name \_\_\_\_\_

Secretary of State use only

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IDAHO SECRETARY OF STATE  
 05/19/2008 05:00  
 CK: 3626500169 CT: 115789 BH: 1115839  
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Web Form

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FILED EFFECTIVE  
 05 MAY 19 AM 9:19  
 SECRETARY OF STATE  
 STATE OF IDAHO