

**FILED EFFECTIVE**

# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

MAR 22 PM 2:57

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

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: ADVANCED COMMISSIONING SOLUTIONS 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: 1117 EAST WINDING CREEK, STE. 185, EAGLE, IDAHO 83616
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: 1117 EAST WINDING CREEK, STE. 185, EAGLE, IDAHO 83616
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) Charles D. Hurn

Typed Name CHARLES D. HURN

2) Rachel M. Hurn

Typed Name RACHEL M. HURN

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

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

Secretary of State use only

g:\comptons\qualip.p65 Revised 01/2001

Web Form

IDAHO SECRETARY OF STATE  
03/22/2011 05:00  
CK: 634747 CT: 172099 BH: 1265532  
1 P 100.00 = 100.00 QUALIF LLP # 2

J2064