



0005156846



**STATE OF IDAHO**  
 Office of the secretary of state, Phil McGrane  
**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-**  
 File #: 0005156846  
 Date Filed: 3/21/2023 9:00:52 PM

Statement of Qualification of Limited Liability Partnership	
Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)
Limited Liability Partnership Name	
Type of Limited Liability Partnership	Limited Liability Partnership
Entity name	THE BRANCHLINE LLP
Limited Liability Partnership Designation	
<input checked="" type="checkbox"/> By checking this box and filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.	
The complete street address of the principal office is:	
Principal Office Address	2385 EAST 465 N SAINT ANTHONY, ID 83445
The mailing address of the principal office is:	
Mailing Address	2385 E 465 N SAINT ANTHONY, ID 83445-5013
Street address of an office in this State:	
Address	2385 EAST 465 N SAINT ANTHONY, ID 83445
Registered Agent Name and Address	
Registered Agent	Registered Agent ZACHARY SCHULDIES Physical Address: 2385 EAST 465 N SAINT, ID 83445 Mailing Address: 2385 E 465 N SAINT ANTHONY, ID 83445-5013
<input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.	
6. Signature of individual authorized by partners to sign:	
<i>Zach Schuldies</i>	<i>03/21/2023</i>
Sign Here	Date
Job Title: PARTNER	

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