

Signature: \_\_\_\_

Printed Name: Jacob Thurber

## STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Title 30, Chapters 21 and 23, Idaho Code Filing fee: \$100 typed, \$120 not typed



	Complete and submit the	application in duplicate.	SECRETARY OF STATE STATE OF IDAHO	
1,	The name of the limited liability partnership is:			
	J&J Gutter Doctors LLP			
		entity (as indicated in #7) the nan	ed Liability Partnership, "or the permitted abbreviations) ame may include the word "professional" before the word "limited," or	
2.	The street address of the limited liability partnership's principal office is:			
	5120 E. Orchard Ave. Nampa Idaho 83687			
	(Street Address)			
	(Mailing Address, if different)			
3.	The street address of an office in this state, if any (if different from #2):			
	(Street Address)			
4.	Name and street address of the registered agent:			
	Jon Wilkerson 128 N Gem St. Nampa Idaho 83651			
	(Name)	(Address)		
5.	Mailing address for future correspondence (annual report notices):			
	5120 E Orchard Ave Nampa Idaho 83687			
	(Address)			
6.	By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.			
7.	By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.			
	1/2		Carrie Comment	
/	(If applicable, enter one of the permitte	d professional services here. *C	*Check inst	
8.	Signatures of all partners:	•	Secretary of State use only	
Prin	ted Name: Joseph Balkovic		IDAHO SECRETARY OF STATE 08/11/2017 05:00	
			CK:14259270 CT:172099 BH:1597957	

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10 100.00 = 100.00 QUALIF LLP #2

Rev. 08/2015