



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

08 JUN 20 AM 11 32

(Instructions on back of application)

SECRETARY OF STATE

The undersigned elects to be a Limited Liability Partnership, and submits the following OF IDAH D information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1.	The name of the limited liability partnership is:	8 & Y S	iding, LL	P
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 Offic	e was:
3.	The street address of the limited liability partners 12271 West Murchison Street, Boise, ID 83709	ship's (chief ex	recutive office is:
4.	If the partnership does not have an office in the the registered agent is:			
	The mailing address for future correspondence is	· · · · · · · · · · · · · · · · · · ·	· · ·	
	The above-named partnership elects to be a limit Future effective date (optional):	ed liab	oility pa	rtnership.
} .	Signature of at least 2 partners: 1) Do Or Do	authorics Revised 01/2001		Secretary of State use only IDAHO SECRETARY OF STATE 96/20/2008 95:00 CK: CASH CT: 227216 BH: 1128833

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