



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.

FILED EFFECTIVE

2017 JUL 17 AM 10:44

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability partnership is:

McRae Finishing, LLC

(Remember to include the words "limited liability partnership" or "registered limited liability partnership" for the permitted professions of the limited liability partnership or professional entity to be filed in #7 below. Some may include the word "professional" before the word "limited liability partnership" if the registration of any of the permitted professions is.)

2. The street address of the limited liability partnership's principal office is:

3860 Shale Ave Idaho Falls, ID 83401

(Street Address)

(City, State, and Zip Code)

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:

Randy J McRae

3860 Shale Ave Idaho Falls, ID 83401

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

3860 Shale Ave Idaho Falls, ID 83401

(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.

(If applicable, include one of the permitted professional services here. Check return for the list of permitted professions.)

8. Signatures of all partners:

Printed Name: **Randy J McRae**

Signature: _____

Printed Name: **Tanya L McRae**

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/18/2017 05:00

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