



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2015 JAN 22 AM 9:18

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

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: CHARLYS DRYWALL 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:

715 CENTER ST E TRLR 11, KIMBERLY ID 83341

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: 715 CENTER ST E TRLR 11, KIMBERLY ID 83341

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) *Carlos Ortega*
Typed Name CARLOS ORTEGA

2) *Nicolasa Arevalo*
Typed Name NICOLASA AREVALO

3) _____
Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE

01/22/2015 05:00

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