



STATEMENT OF QUALIFICATION OF FILED EFFECTIVE LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

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

2015 JUN 22 PM 12:37
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Miller Reservations 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:

452 W. Bogus View Dr., Eagle, ID, 83616

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: 452 W. Bogus View Dr., Eagle, ID, 83616

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) Austin Miller

Typed Name Austin Miller

2) Cody Miller

Typed Name Cody Miller

3) _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/22/2015 05:00

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