



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

11 MAY 31 PM 3:44

SECRETARY OF STATE
STATE OF IDAHO

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

1. The name of the limited liability partnership is: Mossman Law Office, 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:
611 W. Hays Street, Boise, Idaho 83702
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: 611 W. Hays Street, Boise, Idaho 83702
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) [Signature]

Typed Name Hugh V. Mossman

2) [Signature]

Typed Name Taylor L. Mossman

3) _____

Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
05/31/2011 05:00
CK: 14756 CT: 5833 BH: 1276097
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Web Form

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