



STATEMENT OF QUALIFICATION OF FILED EFFECTIVE LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2012 JUL 19 AM 10:45

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: Arnold Auto Sales 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:

4103 W OVERLAND RD BOISE, ID 83705

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: 4103 W OVERLAND RD BOISE, ID 83705

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)

Brent Arnold
Typed Name BRENT ARNOLD

2)

Tim Arnold
Typed Name TIM ARNOLD

3)

Typed Name

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Secretary of State use only

IDAHO SECRETARY OF STATE
07/19/2012 05:00
CK: 1022 CT: 272546 BH: 1332655
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Web Form

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