



STATEMENT OF QUALIFICATION OF 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

FILED EFFECTIVE
08 JAN -2 AM 9:12
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Veteran Product Solutions 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:
304 N. Baldy Place Star, ID
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: _____
304 N. Baldy Place Star, ID
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 Lee Henkel

2) [Signature]

Typed Name Scott Henkel

3) _____

Typed Name _____

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Secretary of State use only

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01/02/2008 05:00
CK: 1543 CT: 221010 BH: 1092403
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Web Form