

Reset Form



Printed Name:

Signature: -

AMENDMENT OR CANCELLATION TO STAFor Office Use Only OF QUALIFICATION OF LIMITED LIABILITY PA -FILED-3HIP

Title 30, Chapters 21 and 23, Idaho Code

File #: 0005732449

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		instructions for additional amend		(loilli illust be ty)	<i>Je,.</i>		
	. The name of the limited liability partnership: Evans Keane LLP						
2. The	The date the statement was filed with the Idaho Secretary of State is: 12/22/1995						
AMENDN	IENT						
3. The	The name of the limited liability partnership is amended to:						
4. The	. The complete street and mailing addresses of the limited liability partnership's principal office are amended to:						
Stre	er Addressi			A CONTRACTOR OF THE CONTRACTOR		<u>'</u>	
(Mai	inų Address, if diff	erent)					
5. The	partners are ar	nended as follows:				(
O Add	d	David H Arkoosh	1161 W	RIVER ST, S	STE 100, BOI		
		(Name)	(Address)				
O Add	Delete		VIRANTE VITTA SILL WAY TO PROTECT OF THE SILL WA				
_	_	(Marrie)	(Address)			c E	
O Add	d O Delete						
		(Name)	(Address)				
CANCEL	LATION	- 1					
6.	Γhe statement	of qualification is hereby cance	elled.			5 0	
7. Sign	ature of at leas	t one partner:				(- 	
Printed Name: James D Hovrey Secretary of State use only							
Signatur	e:	affin -					
Printed N	lame:					(H	
Signatur						ح و و	