3	FILED EFFECTIV
STATEMENT OF QUALIFICATION INTED LIABILITY PARTNER	SHIP
(Instructions on back of application)	07 FEB 16 PM 2: 57
The undersigned elects to be a Limited Liability Partnersh information to the Secretary of State pursuant to Idaho C	STATE OF IDAHO
1. The name of the limited liability partnership is: EEP IT SIN	IPLE ACCOUNTING LLP
2. If previously filed a statement of partnership, the name us	sed 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 chi 945 Pimlico Eagle, Idaho 83616	ef executive office is:
 4. If the partnership does not have an office in the state of letter registered agent is: 5. The mailing address for future correspondence is: 	
 945 Pimlico Eagle, Idaho 83616 6. The above-named partnership elects to be a limited liabilit 	y partnership.
 Future effective date (optional):	······································
1) Typed Name Debbie Schwinn	Secretary of State use only
2) And all offer	
3) Typed Name Web Form	IDAHO SECRETARY OF STATE 02/16/2007 05:00 CK: 1055674 CT: 172099 BH: 1034 1 0 108.00 = 108.00 QUALIF LLP
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