







STATE OF IDAHO Office of the secretary of state, Phil McGrane STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

For Office Use Only

-FILED-

File #: 0006163454

Date Filed: 4/1/2025 12:04:31 PM

| Statement of Qualification of Limited Liability Partnership Select one: Standard, Expedited or Same Day Service (see descriptions below) | Standard (filing fee \$100) |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Limited Liability Partnership Name | |
| Type of Limited Liability Partnership | Limited Liability Partnership |
| Entity name | OK Enter Limited Liability Partnership |
| Limited Liability Partnership Designation | |
| By checking this box and filing this document with the Se limited liability partnership. | cretary of State, the partnership named herein elects to be a |
| The complete street address of the principal office is: | |
| Principal Office Address | 667 ALTA WAY IDAHO FALLS, ID 83401 |
| The mailing address of the principal office is: | |
| Mailing Address | 667 ALTA WAY IDAHO FALLS, ID 83401 |
| Street address of an office in this State: | |
| Address | None |
| Registered Agent Name and Address | |
| Registered Agent | KERSHISNIK LAW PLLC Commercial Registered Agent |
| | Physical Address |
| | 380 S 4TH ST STE 101 |
| | BOISE, ID 83702 |
| | Mailing Address |
| | 380 S 4TH ST |
| | STE 101 |
| | PATRICK C KERSHISNIK BOISE, ID 83702 |
| ☑ I affirm that the registered agent appointed has consented | |
| 6. Signature of individual authorized by partners to sign: | |
| Olga Kapralova | 04/01/2025 |
| Sign Here | Date |
| | |
| Job Title: Manager | |