

## STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

## FILED EFFECTIVE

Title 30, Chapters 21 and 23, Idaho Code Base Filing fee: \$100.00.

The name of the limited liability partnership is:

Complete and submit the application in <u>duplicate</u>.

Remember to include	de the words "Limi	ted Liability Partners	hip." "Registered	Limited Liability Par	nership, "or the permitte	ed abbreviations)	
					le the word "professions		itari " n

2.	The street address of the limited liability partnership's principal office is:										
	1858 N 800 E Monteview ID 83455										
	(Street Address)		(City)	(State)	(Zipcode)						
	same										
	(Mailing Address, if different)		(City)	(State)	(Zipcode)						
3.	The street address of an office in this state, if any (if different from #2):										
	(Street Address)		(City)	(State)	(Zipcode)						
4.	Name and street address of the reg	istered agent:									
	Kaden Stoneberg	1858 N 800 E Mont	teview ID 83435								
	(Name)	(Address)	(City)	(State)	(Zipcode)						
	1858 N 800 E Montevi (Address)	CW 10 03433	(City)	(State)	(Zincode)						
		CW 10 03433	(City)	(State)	(Zipcode)						
6.	By filing this document with the Secreta	ary of State, the partnership named	herein elects to be a limit	ed liability partner	rship.						
7.	By entering one of the professions p with the Secretary of State, the partner selected professional service, and the	ership agrees that it is duly license	ed or otherwise legally at	, and by filing thi uthorized to rend	s document er the						
	(If applicable, enter one of the p	permitted professional services here. *Che	eck instructions for list of permi	tted professions)							
8.	Signatures of all northers:	<b>-</b> -									
Ο.	Signatures of all partners:	Secretary of State use only IDAHO SECRETARY OF STATE									
	Mary 7			2016 05:00							
Pri	inted Name: AARON Koss		CK:CASH CT:3								
Sic	gnature: Lanney 9		10 100.00 = 10	u.uu QUALIE	LLF #2						

Printed Name: KADEN STONEBERG J 2581