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STATEMENT OF QUALIFICATION OF FILED EFFECTIVE LIMITED LIABILITY PARTNERSHIP

	(Instructions on back of application)
The u	indersigned elects to be a Limited Liability Partnership, and submits the following OF STA nation to the Secretary of State pursuant to Idaho Code § 53-3-1001 STATE OF IDAHO
	name of the limited liability partnership is:
2. If pre	viously 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:
	E. Main Street, Emmett, ID 83617
	partnership does not have an office in the state of Idaho, the name and address of egistered agent is:
	nailing address for future correspondence is: Box 412, Emmett, ID 83617
S. The a	bove-named partnership elects to be a limited liability partnership.
7. Futu	re effective date (optional):
8. Signa	ature of at least 2 partners:
Typec	Name Lisa Rudd
Typer 3)	Name Yvonne Ajugwo
	IName

IDAHO SECRETARY OF STATE 10/21/2004 05:00 CK: 1071 CT: 183895 BH: 772463 1 0 188.88 = 188.88 QUALIF LLP # 4