

Signature:

Signature: .

Printed Name:

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED EFFECTIVE

Title 30, Chapters 21 and 23, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2018 MAR 13 AM 8:59

SECRETARY OF STATE STATE OF IDAHO

CE:205 CT:226185 BH:1632062 16 100.00 = 100.00 QUALIF LLP #2

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		STATE OF IDAHO
1.	The name of the limited liability partnership is:	
	3В R , Џ _Ф .	
		gistered Limited Liability Partnership, "or the permitted abbreviations) ad in #7) the name may include the word "professional" before the word "limited," or)
2.	The street address of the limited liability partnership's principal office is:	
	110 N 800 E	
	(Street Address)	
	Jerome, ID 83338	
	(Mailing Address, if different)	
3.	The street address of an office in this state, if any (if different from #2):	
	(Street Address)	
4.	Name and street address of the registered agent:	
	Danielle Prescott 2501 N McKinney St Boise ID 83704	
	(Name) (Address)	
5.	Mailing address for future correspondence (annual report notices):	
	2501 N McKinney St Boise, ID 83704	
	(Address)	
6.	By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.	
7.	By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.	
	(If applicable, enter one of the permitted professional se	ervices here. *Check instructions for list of permitted professions)
8.	Signatures of all partners:	Secretary of State use only
	· ^ /	IDAHO SECRETARY OF STATE
	inted Name: B. Roy Lescott	03/13/2018 05:00
Prir	inted Name:	CE-205 CT-226125 BH-1632062