

FILED EFFECTIVE

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STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

SEP 16 AM 9:16

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1. The name of the limited liability partnership is: John W. & Pamela R. Schroeder Family LLP

2. If previously 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:

3. The street address of the limited liability partnership's chief executive office is:

18772 W. Riverview Dr., Post Falls, ID 83854

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is:

5. The mailing address for future correspondence is: PO Box 909, Post Falls, ID 83877

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): _____

8. Signature of at least 2 partners:

1) *John W. Schroeder*

Typed Name John W. Schroeder

2) *Pamela R. Schroeder*

Typed Name Pamela R. Schroeder

3) _____

Typed Name _____

Secretary of State use only

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09/16/2010 05:00
CK: 513217 CT: 172099 BN: 1239241
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