## APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP

To the Secretary of State of Idaho PO Box 83720





SECRETARY OF STATE The undersigned partnership hereby applies for registration as a Limited Liability Partnership, and submits the following information pursuant to section 53-343A, I.C.

1.	The name of the partnership is <u>Davison</u> , <u>Copple</u> , <u>Copple</u> , <u>Copple</u> , <u>LLP</u> .						
2.	It's principal office is located at 199 North Capitol Blvd., Suite 600						
	Boise, Idaho 83702  It's registered office in Idaho is located at 199 N. Capitol Blvd., Suite 600,						
3.							
	Boise, Idaho 83702			,an	d the na	ame of t	he registered
	agent at that address is E Don Copple						
4.	The partnership is organized in the state of	of	[daho				-
5.	The nature of it's business isthe practice of law						
6.	The name(s) and address(es) of at least one partner:						
1	<u>Name</u>			<u>Addr</u>	ess		
	E Don Copple	P. 0	. Box	1583,	Boise,	Idaho	83701
	Terry C. Copple	P. 0	. Box	1583,	Boise,	Idaho	83701
7.	Other matters (optional):						     
8.	. Signature(s) of at least one partner listed in item 6.			19/880-66-66 USA 66-66-66-66-66-66-66-66-66-66-66-66-66-			
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Fee: \$100 if typed with no attachments

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