



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(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

12 APR 23 PM 3:11
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: LEILANI NATURAL LLP
2. If previously filed a statement of partnership, the name used in that statement is:
N/A
- The date it was filed with the Idaho Secretary of State's Office was: N/A
3. The street address of the limited liability partnership's chief executive office is:
6612 E. SELTICE WAY. 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: N/A
5. The mailing address for future correspondence is: 2022 N. POST ST. POST FALLS ID 83854
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)
Typed Name GRANT K. WARNER

2)
Typed Name MELANIE L. WARNER

3) _____
Typed Name _____

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Secretary of State use only

IDAHO SECRETARY OF STATE
04/23/2012 05:00
CK: 971840 CT: 172099 BH: 1321842
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Web Form

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