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STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

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

Complete and submit the application in diplicate.

FILED EFFECTIVE 2018 AUG 30 PM 4: 57

SECRETARY OF STATE STATE OF IDAHO

1. The	name of	the limite	d liability	partnership is	2

Capitol Distributing III, LLP

	(Remember to include the words "Limited Liability Patinership." "Registered Limited Liability Partnership." or the permitted abbreviations; (If the limited liability partnership is a <u>unifersional colity</u> (as indicated in #7) the name may include the word "professional" before the word "limited." or the leginning of any of the permitted abbreviations.)					
2.	The street address of the limited liability partnership's principal office is: 3500 East Commercial Court, Meridian ID 83642					
	(Mailing Address, if different)	Management of the same property of the same propert	-			
3.	The street address of an office in this state, if any (if different from #2):					
		··**				
	(Sirent Address)					
4.	Name and street address of the registered agent:					
	Shane Hansen	3500 East Comm	ercial Court, Meridian, ID 83642			
	(Tame)	(Address)				
5.	Mailing address for future correspondence (annual report notices):					
	3500 East Commercial Court, Meridian, ID 83642					
	(Address)	The second secon	- Marie - Anna - An			
6.	By filing this document with the Secretary of State, the partnership named herein elects to be a firrited 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 permit	tted professional services here.	Cherik distructions for list of permitted professions;			
в.	Signatures of all partners:		Secretary of State use only			

Jackson Printed Name: Signature:

Printed Name: Tremayne V. Arnold

Signature:

IDAMO SECRETARY OF STATE 08/31/2018 05:00

CK:PREPAID CT:3048 BH:1661733 10 100.00 = 100.00 QUALIF LLP #2 10 20.00 = 20.00 EXPEDITE C #3

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