



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2013 JAN -7 AM 9:27

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. **SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability partnership is: Laser Health 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:  
826 Blue Lakes Blvd. N., Twin Falls, ID 83301
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: 826 Blue Lakes Blvd. N., Twin Falls, ID 83301
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) *Spencer Henderson*  
Typed Name Spencer Henderson

2) *LaMar Brooks*  
Typed Name LaMar Brooks

3) \_\_\_\_\_  
Typed Name \_\_\_\_\_

Secretary of State use only

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01/07/2013 05:00  
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