	STATEMENT OF QUALIFI	CATION OF	FFECTIVE
	LIMITED LIABILITY PAR	INERSHIPS HAY	4 AM 8: 33
	(Instructions on back of applica	tion) SECRETA	RY OF STATE
	ersigned elects to be a Limited Liability P ion to the Secretary of State pursuant to	artnership, and submits	OF IDAHO he following
1. The na	ne of the limited liability partnership is:	AD BULLDOG KENNELS L	LP
2. If previe	usly filed a statement of partnership, the	name used in that stater	nent is:
The da	e it was filed with the Idaho Secretary of	State's Office was:	
3. The stre	et address of the limited liability partners	hip's chief executive offic	e is:
	ROOKSIDE DR., HAYDEN, ID 83835		
	rtnership does not have an office in the s stered agent is:		and address of
the reg			
the reg 5. The ma ID 83836	stered agent is:	8492 N BROOKSIDE DR.,	
the reg	ing address for future correspondence is	8492 N BROOKSIDE DR., d liability partnership.	
the reg	ing address for future correspondence is re-named partnership elects to be a limite	8492 N BROOKSIDE DR., d liability partnership.	
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the regination of the reginati	ing address for future correspondence is re-named partnership elects to be a limite	8492 N BROOKSIDE DR., d liability partnership.	HAYDEN,
the regination of the reginati	ing address for future correspondence is ve-named partnership elects to be a limite offective date (optional):	8492 N BROOKSIDE DR., d liability partnership.	HAYDEN,
the regination of the regination of the regination of the regination of the second sec	ing address for future correspondence is ve-named partnership elects to be a limite offective date (optional):	8492 N BROOKSIDE DR., d liability partnership.	HAYDEN,