



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

2014 JUL 21 PM 2:18

SECRETARY OF STATE
STATE OF IDAHO

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

1. The name of the limited liability partnership is: Military Maids & Lawn Care Services 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: 1

3. The street address of the limited liability partnership's chief executive office is:

1186 SW Gillespie Ln Mountain Home ID 83647

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: _____

1186 SW Gillespie Ln Mountain Home ID 83647

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) Suzette Poole

Typed Name Suzette Poole

2) Melvin M Poole

Typed Name Melvin M Poole

3)

Typed Name

gcorpformqual.pdf Revised 01/2011

Secretary of State use only

IDaho SECRETARY OF STATE
07/21/2014 05:00

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Web Form

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