

**STATEMENT OF QUALIFICATION OF
LIMITED LIABILITY PARTNERSHIP**

(Instructions on back of application)

2015 MAR 30 AM 9:41

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: Little Macs 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:
2018 N Main St. Coeur D Alene, Idaho 83814

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: 2018 N Main St. Coeur D Alene ID 83814

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): 04/01/15

8. Signature of at least 2-partners:

1)

Typed Name Susan Hinkley

2)

Typed Name Laura Quast

3)

Typed Name Jason Quast

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