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STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2014 MAR 18 PM 12:42

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: Canyon Vapors 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:
429 W Palmer Drive Nampa, ID 83686
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: 429 W Palmer Drive Nampa, ID 83686
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)

Typed Name Bob Miller

2)

Typed Name Beverly Miller

3)

Typed Name

g:\corp\forms\qualif.pdf Revised 01/2001

Secretary of State use only

IDAHO SECRETARY OF STATE
03/18/2014 05:00
CK: 1743794 CT: 172099 BH: 1415931
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Web Form

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