

FILED EFFECTIVE 10/01/2010 AM 8:42



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

 SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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: Westfall & Westfall, 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:
1329 Albion Avenue, Burley, Idaho 83318
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: 1329 Albion Avenue, Burley, Idaho 83318
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) [Signature]
 Typed Name Stephen D. Westfall

 2) [Signature]
 Typed Name David J. Westfall

 3) _____
 Typed Name _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 10/01/2010 05:00
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Web Form

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