

263

**FILED**



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

2002 MAR 22 PM 4:48

(Instructions on back of application)

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: Boise West Dental Health, L.L.P.

2. If previously filed a statement of partnership, the name used in that statement is: NA

The date it was filed with the Idaho Secretary of State's Office was: NA

3. The street address of the limited liability partnership's chief executive office is: 9460 Franklin Road, Boise, Idaho 83709

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: NA

5. The mailing address for future correspondence is: 9460 Franklin Road, Boise, Idaho 83709

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

7. Future effective date (optional): April 1, 2002

8. Signature of at least 2 partners:

1) [Signature]  
Typed Name F. Brian Lowry

2) [Signature]  
Typed Name Eric Lowry

3) \_\_\_\_\_  
Typed Name \_\_\_\_\_

9300010mcaq4h1068 Revised 3/12/00

Secretary of State use only

IDAHO SECRETARY OF STATE  
03/25/2002 05:00  
CK: 6918 CT: 158761 BH: 454403  
1 @ 100.00 = 100.00 QUALIF LLP # 2

J863