



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

2013 MAY 14 AM 8:49

(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: BLANCHARD MERCANTILE 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: 385 Railroad ave BLANCHARD, ID
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: 26338 Hwy 41
BLANCHARD ID 83804
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) Deborah Kuhn
Typed Name DEBORAH KUHN
- 2) Delmar Kuhn
Typed Name DELMAR KUHN
- 3) _____
Typed Name _____

Secretary of State use only

g:\corp\forms\qualif.p65 Revised 01/2001

Web Form

IDAHO SECRETARY OF STATE
05/14/2013 05:00
CK: 2186 CT: 283128 BH: 1373785
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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