

Signature: .

Printed Name:

Paige Blumenthal

## STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Title 30, Chapters 21 and 23, Idaho Code Filing fee: \$100 typed, \$120 not typed

The name of the limited liability partnership is:

Complete and submit the application in duplicate.

## FILED EFFECTIVE

2017 AUG -1 AM 8: 39

SECRETARY OF STATE STATE OF IDAHO

|      | Obsidian home inspection LLP                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                                                |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
|      | (Remember to include the words "Limited (If the limited liability partnership is a profit the letter "P" at the beginning of any of the                                                                                                                                                                                                          | essional entity (as indicated in #7) the na                                   | d Liability Partnership, "or the permitted abbreviations) me may include the word "professional" before the word "limited," or |
| 2.   | The street address of the limited liability partnership's principal office is:  108 Birchwood circle N. Kimberly ID. 83341                                                                                                                                                                                                                       |                                                                               |                                                                                                                                |
|      |                                                                                                                                                                                                                                                                                                                                                  |                                                                               |                                                                                                                                |
|      | (Mailing Address, if different)                                                                                                                                                                                                                                                                                                                  |                                                                               |                                                                                                                                |
|      | 3.                                                                                                                                                                                                                                                                                                                                               | The street address of an office in this state, if any (if different from #2): |                                                                                                                                |
|      | (Street Address)                                                                                                                                                                                                                                                                                                                                 |                                                                               |                                                                                                                                |
| 4.   | Name and street address of the registered agent:                                                                                                                                                                                                                                                                                                 |                                                                               |                                                                                                                                |
|      | Tucker Petterson                                                                                                                                                                                                                                                                                                                                 | 108 Birchwood Ci                                                              | rcle N. Kimberly ID                                                                                                            |
|      | (Name)                                                                                                                                                                                                                                                                                                                                           | (Address)                                                                     |                                                                                                                                |
| 5.   | Mailing address for future correspondence (annual report notices):                                                                                                                                                                                                                                                                               |                                                                               |                                                                                                                                |
|      | 108 Birchwood Circle N. Kimberly ID. 83341                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                                                                                |
|      | (Address)                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                                                                                                                |
| 6.   | By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.                                                                                                                                                                                                                  |                                                                               |                                                                                                                                |
| 7.   | By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership. |                                                                               |                                                                                                                                |
|      | (If applicable, enter one of the                                                                                                                                                                                                                                                                                                                 | permitted professional services here. *(                                      | Check instructions for list of permitted professions)                                                                          |
| 8.   | Signatures of all partners:                                                                                                                                                                                                                                                                                                                      |                                                                               | Secretary of State use only                                                                                                    |
| Prir | nted Name: Tucker Petterson                                                                                                                                                                                                                                                                                                                      |                                                                               | IDAHO SECRETARY OF STATE  08/01/2017 05:00  CK:141 CT:343492 BH:1596153                                                        |

IDAHO SECRETARY OF STATE 08/01/2017 05:00

10 100.00 = 100.00 QUALIF LLP #2

CK:14171402 CT:172099 BH:1596154 10 20.00 = 20.00 EXPEDITE C #2