



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

09 SEP -8 PM 12:38

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

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability partnership is: Las Sendas 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:  
9350 Bienapfl Dr, Boise, ID 83709
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: 9350 Bienapfl Dr, Boise, Id 83709
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 Mel Snider

2)   
Typed Name Joy Snider

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

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Secretary of State use only

IDAHO SECRETARY OF STATE  
09/08/2009 05:00  
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