1.



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED EFFECTIVE

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

The name of the limited liability partnership is:

2018 APR 16 AM 10: 18

SECRETARY OF STATE STATE OF IDAHO

Complete and submit the application in duplicate.

| ASM MOTORS LLP | |
|---|--|
| emember to include the words "Limited the limited liability partnership is a <u>prof</u> a letter "P" at the beginning of any of th | d Liability Partnership," "Registered Limited Liability Partnership, "or the permitted abbreviations) [essional entity (as indicated in #7) the name may include the word "professional" before the word "limited," on the permitted abbreviations.) |
| e street address of the limited | liability partnership's principal office is: |
| | UNIT #3, BELLEVUE, ID 83313 |
| • | |
| | , ID 83313 |
| ailing Address, if different) | |
| e street address of an office in | this state, if any (if different from #2): |
| | |
| treet Address) | |
| , | |
| me and street address of the re | egistered agent: |
| HON GERARD | 106 LOGANS LANE, BELLEVUE, ID 83313 |
| ame) | (Address) |
| ailing address for future corresp | pondence (annual report notices): |
| .O. BOX 852, BELLEVUE | , ID 83313 |
| ddress) | |
| | |
| filing this document with the Se | cretary of State, the partnership named herein elects to be a limited liability partnership. |
| entering one of the profession cument with the Secretary of Sta | ns permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this ate, the partnership agrees that it is duly licensed or otherwise legally authorized to service, and that it is a professional limited liability partnership. |
| | the limited liability partnership is a professe letter "P" at the beginning of any of the letter "P" at the beginning of any of the street address of the limited at SOUTH MAIN STREET treet Address) O. BOX 852, BELLEVUE ailing Address, if different) The street address of an office in treet Address) The street address of the rest address of th |

Signatures of all partners:

Printed Name: MAX BAILEY

Signature: _

Printed Name: SHON GERARD

Signature:

Secretary of State use only

IDAHO SECRETARY OF STATE 04/16/2018 05:00

CK:2069 CT:356315 BH:1638462 10 100.00 = 100.00 QUALIF LLP #2