



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

2014 MAY -2 AM 9: 23

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 § 53-3-100

1. The name of the limited liability partnership is: JAB Enterprises *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:

131 N 4090 E Rigby Id 83442

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: 131 N 4090 E Rigby Id 83442

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 James Boone

2)
Typed Name Adam Boone

3) _____
Typed Name

9:\corpforms\qualif.p65 Revised 01/2001

Secretary of State use only

IDAHO SECRETARY OF STATE
05/02/2014 05:00

CK:125 CT:296407 BH:1423085
1@ 100.00 = 100.00 QUALIF LLP #2

J2391