

Printed Name: __

Printed Name: __

Signature: ___

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED EFFECTIVE

Expedited service Requested

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

2818 AUG -7 AM 8: 37

Complete and submit the application in duplicate.

SECRETARY OF STATE

1.	The name of the limited liability partnership is:	SIMIE OF TORMS
	Tru Ida, LLP	
	(Remember to include the words "Limited Liability Partnership." "Registered Limited Liability Partnership." or the permitted abbreviations) (If the limited liability partnership is a <u>professional entity</u> (as indicated in #7) the name may include the word "professional" before the word "limited." of the letter "P" at the beginning of any of the permitted abbreviations.)	
2.	The street address of the limited liability partnership's principal office is:	
	3630 £ 3850 N Kimberly, ID 83341 (Street Address)	
	(Street Address)	
	(Mailing Address if different)	
	(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:	
	Joseph Hamilton 3630 £ 3850 N Kimberly, ID 8334) (Name) (Address)	
	(Name) (Address)	
5.	Mailing addrags for future correspondence (appual report notices):	
	Mailing address for future correspondence (annual report notices):	
	3630 £ 3850 N Kimbuly , 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:	Convolute of Classic
J.	organication of our partitions.	Secretary of State use only
	1 1 11 11	IDAHO SECRETARY OF STATE
Prin	nted Name: Joseph Hamilton	08/07/2018 05:00

Rev. 08/2015

CK:17800720459 CT:361550 BH:1657574 1@ 100.00 = 100.00 QUALIF LLP #2 $10\ 20.00 = 20.00$ EXPEDITE C #3 18 20.00 = 20.00 CORP SUR #4