

FILED EFFECTIVE



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

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

1. The name of the limited liability partnership is: Storm King Forestry, LLP

2. If previously filed a statement of partnership, the name used in that statement is:
N/A

The date it was filed with the Idaho Secretary of State's Office was: N/A

3. The street address of the limited liability partnership's chief executive office is:

39 Mission Point Lane, St. Maries, ID 83861

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A

5. The mailing address for future correspondence is:

39 Mission Point Lane, St. Maries ID 83861

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) Richard L. Larsen

Typed Name Richard L. Larsen

2) Stanley D. Butterfield

Typed Name Stanley D. Butterfield

3)

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE

01/17/2014 05:00

CK: 4107 CT: 291000 BH: 1406557

1 @ 100.00 = 100.00 QUALIF LLP # 2

1 @ 20.00 = 20.00 CORP SUR # 3

IdahoFormalQualif.pdf Revised 01/2001

Web Form

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