



STATEMENT OF QUALIFICATION OF FILED EFFECTIVE LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2015 FEB 19 AM 8:49

The undersigned elects to be a Limited Liability Partnership, and submit the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001. SECRETARY OF STATE

1. The name of the limited liability partnership is: Layton Farms L.L.P.
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: _____
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: LuAnn McClure
8214 S. Old Hwy. 91 McCammon, ID 83250
5. The mailing address for future correspondence is: 8214 S. Old Hwy. 91 McCammon, ID 83250
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) LuAnn McClure

Typed Name LuAnn McClure

2) Bill C Dixon

Typed Name Bill Dixon

3) _____

Typed Name TeAuna Newton

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Secretary of State use only

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02/19/2015 05:00

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