



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

DEC -1 AM 9:01

(Instructions on back of application)

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 § 53-3-1001

1. The name of the limited liability partnership is: _____
American Tax-Savers Retirement Association (ATRA), RLLP

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:
10096 W. Fairview Ave. Ste. 160, Boise ID 83704

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: _____
same

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) [Signature]
Typed Name Jon Galane, CEO, MWIRA, Inc.

2) _____

Typed Name Lisa Galane

3) [Signature]

Typed Name Lisa Galane, President MWIRA, Inc.

Secretary of State use only

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IDAHO SECRETARY OF STATE
12/01/2011 05:00
CK: 1119 CT: 258044 BH: 1299948
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