



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP FILED EFFECTIVE 2014 FEB 21 PM 2:41

(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: Partridge & Crafts, 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: _____

3. The street address of the limited liability partnership's chief executive office is:
410 South Orchard Street, Suite 184, Boise, Idaho 83705

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: 410 South Orchard Street, Suite 184, Boise, ID

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): 03/01/2014

8. Signature of at least 2 partners:

1) [Signature]

Typed Name William Partridge

2) [Signature]

Typed Name Charles Crafts

3) _____

Typed Name _____

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Secretary of State use only

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