







## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney STATEMENT OF QUALIFICATION OF LIMITED **LIABILITY PARTNERSHIP** 

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

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-FILED-

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Limited Liability Partnership Name	
Type of Limited Liability Partnership	Limited Liability Partnership
Entity name	3 Sisters Greenhouse, LLP
Limited Liability Partnership Designation	
By checking this box and filing this document w liability partnership.	ith the Secretary of State, the partnership named herein elects to be a limited
The complete street address of the principal office is:	
Principal Office Address	2701 E QUAIL RUN ROAD EMMETT, ID 83617
The mailing address of the principal office is:	
Mailing Address	2701 E QUAIL RUN RD EMMETT, ID 83617-5066
Street address of an office in this State:	
Address	None
Registered Agent Name and Address	
Registered Agent	Registered Agent
	Bethanne York Physical Address:
	6537 E DRIVER COURT
	NAMPA, ID 83687
	Mailing Address:
	6537 E DRIVER CT NAMPA, ID 83687-5072
_	
I affirm that the registered agent appointed has	consented to serve as registered agent for this entity.
6. Signature of individual authorized by partners to sign:	
Bethanne York	02/11/2021
Sign Here	Date
Job Title: Partner	