



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE
12 FEB 15 PM 1:48

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: Raptor Creek, LLP
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:
3175 S Shortleaf Ave Boise, ID 83716
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: PO Box 308 Eagle, ID 83616
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)

Typed Name Ryan Gray

2)

Typed Name Tasche Streib

3) _____

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
02/15/2012 05:00
CK: 905408 CT: 172099 BH: 1318837
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Web Form

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