



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

10 AUG -5 AM 8:58

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-1009

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Klassy Group 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:

609 E 12th Ave Post Falls ID 83854

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: 609 E 12th Ave Post Falls ID 83854

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) *Keri Amos-Sorenson*

Typed Name Keri Amos-Sorenson

2) *Judith Amos*

Typed Name Judith Amos

3) _____

Typed Name

Secretary of State use only

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IDAHO SECRETARY OF STATE
08/05/2010 05:00
CK: 682 CT: 250185 BH: 1233563
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

Web Form

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