



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Title 30, Chapters 21 and 23, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the application in duplicate.

FILED EFFECTIVE

2015 JUL 16 AM 9:12

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is:

North View Properties, LLP

Remember to include the words "limited liability partnership," "registered limited liability partnership," for the permitted abbreviations.
(If the limited liability partnership is a professional entity (as indicated in #7), the name may include the word "professional" before the word "limited" or
the letter "P" at the beginning of any of the permitted abbreviations.)

2. The street address of the limited liability partnership's principal office is:

101 N Roswell Blvd

Parma

ID 83660

(Street Address)

(City)

(State)

(Zip Code)

PO Box 130

Parma

ID 83660

(Mailing Address, if different)

(City)

(State)

(Zip Code)

3. The street address of an office in this state, if any (if different from #2):

(Street Address)

(City)

(State)

(Zip Code)

4. Name and street address of the registered agent:

Kristopher Kido

101 N Roswell Blvd

Parma

ID 83660

(Name)

(Address)

(City)

(State)

(Zip Code)

5. Mailing address for future correspondence (annual report notices):

PO Box 130

Parma

ID 83660

(Address)

(City)

(State)

(Zip Code)

6. By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.

7. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.

(If applicable, enter one of the professions on the attached Services card. Check, by number, or list of permitted professions.)

8. Signatures of all partners:

Printed Name: **Duane R Kido**

Signature: *[Signature]*

Printed Name: **Kristopher R Kido**

Signature: *[Signature]*

Secretary of State use only

IDAHO SECRETARY OF STATE

07/16/2015 05:00

CK:6244 CT:149045 BH:1484191

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