



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

11 DEC -9 AM 9:17

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: Aggressive Nature, 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:

145 Thain rd, Suite J, Lewiston Idaho 83501

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: 145 Thain rd, Ste. J, Lewiston ID, 83501*

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 Coy R. Collins

2)

Typed Name Joseph Witherup

3)

Typed Name

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Secretary of State use only

IDAHO SECRETARY OF STATE
12/09/2011 05:00
CK: 1824 CT: 264051 BH: 1301071
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Web Form

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