



0005733602

**STATE OF IDAHO**

Office of the secretary of state, Phil McGrane

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

For Office Use Only

-FILED-

File #: 0005733602

Date Filed: 5/10/2024 7:15:00 AM

Statement of Qualification of Limited Liability Partnership	
Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)
Limited Liability Partnership Name	
Type of Limited Liability Partnership	Limited Liability Partnership
Entity name	Smokey Infusions, LLP
Limited Liability Partnership Designation	
<input checked="" type="checkbox"/> By checking this box and filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.	
The complete street address of the principal office is:	
Principal Office Address	NIKKI SWENSON 145 S 4TH W REXBURG, ID 83440
The mailing address of the principal office is:	
Mailing Address	NIKKI SWENSON 145 S 4TH W REXBURG, ID 83440-1836
Street address of an office in this State:	
Address	None
Registered Agent Name and Address	
Registered Agent	Registered Agent NIKKI SWENSON Physical Address: 145 S 4TH W REXBURG, ID 83440 Mailing Address: NIKKI SWENSON 145 S 4TH W REXBURG, ID 83440-1836
<input checked="" type="checkbox"/> 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:	
<u>Nikki Swenson</u>	<u>05/10/2024</u>
Sign Here	Date
Job Title: Partner	

B0909-3466 05/10/2024 7:18 AM Received by Office of the Idaho Secretary of State