



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

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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: <i>Nikki Swenson</i> 05/10/2024 Sign Here Date	
Job Title: Partner	