



# STATEMENT OF QUALIFICATION OF ~~FILED~~ EFFECTIVE LIMITED LIABILITY PARTNERSHIP

06 JUL 12 PM 1:07

(Instructions on back of application)

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: Cornerstone Strategies, 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:  
8569 West Fairview Avenue, # 106, Boise, Idaho 83704
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: \_\_\_\_\_  
8569 West Fairview Avenue, # 106, Boise, Idaho 83704
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) [Signature]  
 Typed Name Benjamin L Ellsworth
- 2) [Signature]  
 Typed Name James H Hayes
- 3) \_\_\_\_\_  
 Typed Name \_\_\_\_\_

Secretary of State use only

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Web Form

IDAHO SECRETARY OF STATE  
 07/12/2006 05:00  
 CK: 1798 CT: 202296 BH: 964597  
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