



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(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: Devin's Home Care LLP
2. If previously filed a statement of partnership, the name used in that statement is: N/A  
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:  
340 Cove Road, Grangeville, ID 83530
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: 340 Cove Road, Grangeville, ID 83530
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): January 1, 2007

8. Signature of at least 2 partners:

1) *Eddy Devin*  
Typed Name Eddy Devin

2) *Beth Keeler*  
Typed Name Beth Keeler

3) \_\_\_\_\_  
Typed Name \_\_\_\_\_

Secretary of State use only

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12/08/2006 05:00  
CK: 3583 CT: 287278 BH: 1818456  
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Web Form

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