



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 **III:** **STAN** **ANIC**

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: _____

The mailing address for future correspondence is: 340 Cove Road, Grangeville, ID 83530

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) Beth Dennis

Typed Name Eddy Devin

Typed Name Beth Keeler

3)

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Secretary of State use only

IDaho SECRETARY OF STATE
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