

FILED EFFECTIVE



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

2015 MAR 19 PM 4:39

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

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: Koexist Koffee L.L.P.
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: N/A
3. The street address of the limited liability partnership's chief executive office is: 3879 W 5th Ave Post Falls ID 83854
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A
5. The mailing address for future correspondence is: 3879 W 5th Ave Post Falls ID 83854
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) Jennifer Balaszi
Typed Name Jennifer Balaszi
 - 2) Nikki Balaszi
Typed Name Nikki Balaszi
 - 3) Melissa Smith
Typed Name Melissa Smith

Secretary of State use only

IDAHO SECRETARY OF STATE

03/20/2015 05:00

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1@ 20.00 = 20.00 EXPEDITE C #3

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List of all partners and mailing addresses:

Jennifer Balaszi	2900 N Government Way #147 Coeur d Alene ID 83815
Nichole Balaszi	406 W Miles Ave Hayden ID 83835
Miranda Richardson	406 W Miles Ave Hayden ID 83835
Melissa Smith	406 W Miles Ave Hayden ID 83835
Amber Smith	406 W Miles Ave Hayden ID 83835