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# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

04 MAY -5 PM 2:53

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: Double A Dairy Families Limited Liability Partnership

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:

17220 South Cloverdale Road, Kuna, Idaho 83634

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: \_\_\_\_\_

17220 South Cloverdale Road, Kuna, Idaho 83634

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) Boyd Anderson  
Typed Name Boyd Anderson

2) \_\_\_\_\_  
Typed Name John Anderson

3) John F. Anderson  
Typed Name \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
05/05/2004 05:00  
CK: 11675 CT: 178955 BH: 743332  
1 @ 100.00 = 100.00 QUALIF LLP # 2

9. corp. formed equity job. Rev. 5-03 0112001

J 1140