



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: K & J Solutions, 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:
- 2039 E Meadow Creek Drive Meridian, ID 83646
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: 2039 E Meadow Creek Dr. Meridian ID 83646
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) Kayser Station

Typed Name: Kayla Osterhout

2) Jennifer Franz

Typed Name **Jennifer Tracy**

3)

Typed Name

Secretary of State use only

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 12/08/2011 05:00
 CK: 848720 CT: 172099 DH: 1300845
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Web Form

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