







STATE OF IDAHO Office of the secretary of state, Phil McGrane STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

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File #: 0006205344

Date Filed: 4/11/2025 6:32:30 PM

Statement of Qualification of Limited Liability Partnership	0. 1.1/50 5 0.400	
Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)	
Limited Liability Partnership Name		
Type of Limited Liability Partnership	Limited Liability Partnership	
Entity name	Chovanak Van Buren LLP	
Limited Liability Partnership Designation		
By checking this box and filing this document with the Se limited liability partnership.	cretary of State, the partnership named herein elects to be a	ì
The complete street address of the principal office is:		
Principal Office Address	2923 S LADERA PL	
	BOISE, ID 83705	
The mailing address of the principal office is:		
Mailing Address	2923 S LADERA PL	
	BOISE, ID 83705-7348	
Street address of an office in this State:		
Address	None	
Registered Agent Name and Address		
Registered Agent	Kasey Chovanak	
	Registered Agent	
	Physical Address	
	2923 S LADERA PL	
	BOISE, ID 83705-7348	
	Mailing Address	
	2923 S LADERA PL BOISE, ID 83705-7348	
☑ I affirm that the registered agent appointed has consented.		
6. Signature of individual authorized by partners to sign:		
(Carrier Cl. 1997)	04/44/2025	
Kasey Chovanak	04/11/2025	
Sign Here	Date	