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# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Title 30, Chapters 21 and 23, Idaho Code

Filing fee: \$100 typed, \$120 not typed

2016 AUG 12 PM 3: 38

Complete and submit the application in duplicate. SECRETARY OF STATE  
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability partnership is:

TAMARACK HOME SERVICES LLP

(Remember to include the words "Limited Liability Partnership," "Registered Limited Liability Partnership," or the permitted abbreviations)  
(If the limited liability partnership is a professional entity (as indicated in #7) the name may include the word "professional" before the word "limited," or the letter "P" at the beginning of any of the permitted abbreviations.)

2. The street address of the limited liability partnership's principal office is:

208 E 12TH AVE, POST FALLS ID 83854

(Street Address)

(Mailing Address, if different)

3. The street address of an office in this state, if any (if different from #2):

(Street Address)

4. Name and street address of the registered agent:

JAMES R COOPER

208 E 12TH AVE , POST FALLS ID.83854

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

208 E 12TH AVE POST FALLS ID 83854

(Address)

6. By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.

7. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.

(If applicable, enter one of the permitted professional services here. \*Check instructions for list of permitted professions)

8. Signatures of all partners:

Printed Name: JAMES R COOPER

Signature:

Printed Name: RUSSELL F KNAPP

Signature:

Rev. 09/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

08/15/2016 05:00

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