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**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: \_\_\_\_\_  
The Family Cabin 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:

110 Main Street Suite 1-A, Sandpoint, ID 83864

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: \_\_\_\_\_  
110 Main Street, Suite 1-A, Sandpoint, ID 83864

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): December 1, 2003

8. Signature of at least 2 partners:

1) Bryan L. Keibler

Typed Name Bryan L. Keibler

2) Raymond C. Keibler

Typed Name Raymond C. Keibler

3) Fran Keibler

Typed Name Fran Keibler

Secretary of State use only

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