

Printed Name:

Printed Name: Robert Thomas Conway

## STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Title 30, Chapters 21 and 23, Idaho Code Filing fee: \$100 typed, \$120 not typed

The name of the limited fiability partnership is:

FILED EFFECTIVE

2016 APR 15 AM 9: 39

Complete and submit the application in duplicate.

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Conway Investigations, LLP		
(If the limited liability partnership is a profession	onal entity (as indicated in #7) the na	ed Liability Partnership, "or the permitted abbreviations) ame may include the word "professional" before the word "limited," or
The street address of the limited liab	ility partnership's principal of	fice is:
22752 Rosicky Way, Caldwell,	Idaho 83607	
(Street Address)		
(Mailing Address, if different)		
The street address of an office in this	state, if any (if different from	1 #2):
N/A	, , ,	<b>-</b> /
(Street Address)		
Name and street address of the regis	itered agent:	
Thomas Shane Conway	22752 Rosicky W	ay, Caldwell, Idaho 83607
(Name)	(Address)	
Mailing address for future correspond	dence (annual report potices)	
	·	•
(Address)		
By filing this document with the Secreta	ary of State, the partnership na	amed herein elects to be a limited liability partnership.
document with the Secretary of State,	the partnership agrees that it	is duly licensed or otherwise legally authorized to
(If applicable, enter one of the peri	mitted professional services here. *	Check instructions for list of permitted professions)
Signatures of all portners		
8. Signatures of all partners:		Secretary of State use only
Thomas Shane Conwa	v	IDAHO SECRETARY OF STATE
	(Remember to include the words "Limited Lial (If the limited liability partnership is a profession the letter "P" at the beginning of any of the permitted liability partnership is a profession the letter "P" at the beginning of any of the permitted liability (If the street address of the limited liability (If the street address)  (Mailing Address, if different)  The street address of an office in this N/A  (Street Address)  Name and street address of the regist Thomas Shane Conway (Name)  Mailing address for future correspond 22752 Rosicky Way Calc (Address)  By filling this document with the Secretary (Address)  By entering one of the professions perdocument with the Secretary of State, render the selected professional service (If applicable, enter one of the periods).	(Remember to include the words "Limited Liability Partnership." "Registered Limit (If the limited liability partnership is a professional entity (as indicated in #7) the neithe letter "P" at the beginning of any of the permitted abbreviations.)  The street address of the limited liability partnership's principal off 22752 Rosicky Way, Caldwell, Idaho 83607  (Street Address)  (Mailing Address, if different)  The street address of an office in this state, if any (if different from N/A  (Street Address)  Name and street address of the registered agent:  Thomas Shane Conway  (Name)  (Address)  Mailing address for future correspondence (annual report notices) 22752 Rosicky Way Caldwell ID 83607  (Address)  By filing this document with the Secretary of State, the partnership ne By entering one of the professions permitted by 30-21-901(b), Ida document with the Secretary of State, the partnership agrees that it render the selected professional service, and that it is a profession (If applicable, enter one of the permitted professional services here. *Comparison of the

04/15/2016 05:00 CK:6814 CT:323240 BH:1523823 10 100.00 = 100.00 QUALIF LLP #2

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