



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

FILED EFFECTIVE

11 AUG 10 AM 9:01

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Peter Sam & Annie Laurie Miceli L.L.P.

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:

122 12th Avenue South, Idaho 83651

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: 122 12th Avenue South, Idaho 83651

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) Peter Sam Miceli

Typed Name Peter Sam Miceli

2) Annie Laurie Miceli

Typed Name Annie Laurie Miceli

3) _____

Typed Name

Secretary of State use only

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IDAHO SECRETARY OF STATE
08/10/2011 05:00
CX: 4059 CT: 261418 BH: 1206001
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Web Form

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