



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

2015 MAR 18 AM 8:39

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-1001, SECRETARY OF STATE

1. The name of the limited liability partnership is: Country Corner Boutique, 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:

2787 W 4700 S Rexburg, Idaho 83440

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: _____

2787 W 4700 S Rexburg, Idaho 83440

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)
Typed Name Thomas C. Luthy

2)
Typed Name David R. Behson

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/18/2015 05:00

CK:1374 CT:307809 BH:1466740

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Web Form

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