

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

The undersigned elects to be a Limited Liability Partnership, and SUDANS the Plowing9 information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1.	The name of the limited liability partnership is: SECRETARY OF STATE
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: 04/11/2007
3.	The street address of the limited liability partnership's chief executive office is: 4963 W McMurtrey St, Meridian, ID 83646
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: 4963 W McMurtrey St, Meridian, ID 83646
	The above-named partnership elects to be a limited liability partnership. Future effective date (optional):
3.	Signature of at least 2 partners: