



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED/EFFECTIVE  
03 JAN -8 PM 1:48  
STATE OF IDAHO

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: Fetchng Delectables Barkery and Catering, LLP

2. If previously filed a statement of partnership, the name used in that statement is:  
N/A

The date it was filed with the Idaho Secretary of State's Office was: N/A

3. The street address of the limited liability partnership's chief executive office is:  
1006 South Wilson Street Boise, Idaho 83705

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: 1006 South Wilson Street Boise, Idaho 83705

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) Lea Rainey  
Typed Name : Lea Rainey

2) Jennifer L. Jones  
Typed Name : Jennifer L. Jones

3) \_\_\_\_\_  
Typed Name

9/20/2001 10:00 AM 01/2001

Secretary of State use only

IDAHO SECRETARY OF STATE  
01/09/2003 05:00  
CK: 2346 CT: 166320 BH: 655599  
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