

## STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP FILED/EFFECTIVE

(Instructions on back of application)

01 FEB 20 AM 10: 55

The undersigned elects to be a Limited Liability Partnership, and Substitute the followings: Information to the Secretary of State pursuant to Idaho Code § 53-3-1001 OF IDAHO

| 1. | The name of the limited liability partnership is:  North Idahe Athletic Club 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:                               |
|    | 408 5 Main St Moscow Idaho 83843   |
| 1. | If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: |
| •  | The mailing address for future correspondence is:  |
|    | The above-named partnership elects to be a limited liability partnership.  |
| 7. | Future effective date (optional):  |
|    |  |
|    |  |
|    | Signature of at least 2 partners:  |
|    | Connections of Photo upo only  |
|    | Typed Name Kevin .Clary  2) / M D M IDAHO SECRETARY OF STATE  Typed Name Trent Bice                                |
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|    | Typed Name   Trent Bice   8   26   26   26   26   27   28   28   28   28   28   28   28                            |
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