

FILED EFFECTIVE

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

 10 JUN 21 PM 3:12
 SECRETARY OF STATE
 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: Ahrens DeAngell Law Group 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: 101 South Capitol Boulevard, Suite 300, Boise, ID 83702
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A
5. The mailing address for future correspondence is: P.O. Box 6561, Boise, ID 83707-6561
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 Darin DeAngell

2)

Typed Name Nicholas S. Marshall

3)

Typed Name _____

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Secretary of State use only

Web Form

IDAHO SECRETARY OF STATE
 06/21/2010 05:00
 CK: 17823 CT: 84162 BN: 1227458
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