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STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED EFFECTIVE
2008 OCT -8 PM 2:20

(Instructions on back of application)

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: Lyon Marketing and Productions 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:
1642 W. Lyon Ct, Coeur d'Alene, ID 83815
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: 1642 W. Lyon Ct, Coeur d'Alene, ID 83815
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): _____

8. Signature of at least 2 partners:

Lori Elizabeth Mailman

Typed Name Lori Elizabeth Mailman

2) Gayland Lee Pyle

Typed Name Gayland Lee Pyle

3) _____

Typed Name None

Secretary of State use only

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IDAHO SECRETARY OF STATE
10/08/2008 05:00
CK: 160424 CT: 172099 BH: 1139391
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Web Form