



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

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

2014 JUN 18 PM 3:31
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: DOUBLE D CUSTOM MEATS 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:

104 W TAYLOR ST., NEW MEADOWS, ID 83654

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: FLOYD D DAY, 104 W TAYLOR ST., NEW MEADOWS, ID 83654

5. The mailing address for future correspondence is: PO BOX 2, NEW MEADOWS, ID 83654

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) *Floyd D Day*
Typed Name FLOYD D DAY

2) *Ivan G Day*
Typed Name IVAN G DAY

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/18/2014 05:00

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Web Form