



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Title 30, Chapters 21 and 23, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the application in duplicate.

FILED EFFECTIVE

2015 SEP -1 AM 8:51

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability partnership is:
Current Workshop LLP

(If the limited liability partnership is a professional service firm, the name of the partnership must include the letter "P" at the beginning of any of the permitted abbreviations.)

2. The street address of the limited liability partnership's principal office is:

1570 Maple Ave Twin Falls ID 83301

(Street Address) (City) (State) (Zipcode)

3. The street address of an office in this state, if any (if different from #2):

(Street Address) (City) (State) (Zipcode)

4. Name and street address of the registered agent:

Tucker Petterson 1570 Maple Ave Twin Falls ID 83301

(Name) (Address) (City) (State) (Zipcode)

5. Mailing address for future correspondence (annual report notices):

1570 Maple Ave Twin Falls ID 83301

(Address) (City) (State) (Zipcode)

6. By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.

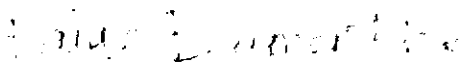
7. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.

8. Signatures of all partners:

Printed Name: **Tucker Petterson**

Signature: 

Printed Name: **Paige Blumenthal**

Signature: 

Secretary of State use only

IDAHO SECRETARY OF STATE

09/01/2015 05:00

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