



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP FILED EFFECTIVE

(Instructions on back of application)

2015 MAR -5 AM 8:35

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

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: BC2, 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:

6607 E. Octavia Court, Post Falls, ID 83854

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: 6607 E. Octavia Court, Post Falls, ID 83854

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) Darla G. Bowers

Typed Name Darla G. Bowers

2) Debbie A. Curless

Typed Name Debbie A. Curless

3) _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/05/2015 05:00

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