



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

2015 FEB 20 AM 9:01

(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: LUCKY CLOVER 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:  
155 NW MAIN BLACKFOOT IDAHO 83221
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: P O B 220 BLACKFOOT ID 83221
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) *Kelly Cushman*  
Typed Name KELLY CUSHMAN
- 2) *Les Sorenson*  
Typed Name LES SORENSON
- 3) *Matt Melichark*  
Typed Name MATT MELICHARK

Secretary of State use only

IDAHO SECRETARY OF STATE

02/20/2015 05:00

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