



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

**(Instructions on back of application)**

**FILED EFFECTIVE**

07 FEB -9 AM 11:40

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-9-1001

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability partnership is: T n TAG Service RLLP

- 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:**

**Trent Green      2915 S Powerline      Nampa, ID 83686**

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: TNT Ag Service RLLP

2989 S. Powerline Wampa, ID 83686

- 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) Trent Green  
Typed Name Trent Green

2)   
Typed Name Todd Logan

3) \_\_\_\_\_  
Typed Name

**Secretary of State use only**

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IDAHO SECRETARY OF STATE  
02/09/2007 05:00  
CK: 1493 CT: 209533 BH: 1031939  
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Received 04/2001

Web Form