



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 AM 8:45
SECRETARY OF STATE
IDAHO

1. The name of the limited liability partnership is: 12th Ave Trust B, 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:
223 W State Street, Boise, Idaho 83702
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: 223 W State Street, Boise, Idaho 83702
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) *Robert M. Farber*
Typed Name Robert M. Farber

2) *Susan L. Farber*
Typed Name Susan L. Farber

3) _____
Typed Name _____

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Secretary of State use only

IDAHO SECRETARY OF STATE

06/18/2014 05:00

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