



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

SECRETARY OF STATE
STATE OF IDAHO
FEB 15 AM 8:12

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

2. If previously filed a statement of partnership, the name used in that statement is:

N/A

The date it was filed with the Idaho Secretary of State's Office was: N/A

3. The street address of the limited liability partnership's chief executive office is:

1857 E Boise Ave

Boise, ID 83706

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A

5. The mailing address for future correspondence is: 1857 E Boise Ave

Boise, ID 83706

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)

Sean Sperry
Typed Name Sean Sperry

2)

Travis Hiner
Typed Name Travis Hiner

3)

Typed Name

Secretary of State use only

01/2001
Revised 01/2001

Web Form

IDAHO SECRETARY OF STATE
02/15/2008 05:00
CK: 1008 CT: 222562 BH: 1099782
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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