

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP 06 0CT 19 PM 4: 26

(instructions on back of application)

SECRETARY	OF	STATE
uhnOTetThio/set	U 165- 1	CIVIE

The undersigned elects to be a Limited Liability Partnership, and subnits the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001

. If previously filed a statement of partnership, the	ne name used in that statement is:
The date it was filed with the Idaho Secretary	of State's Office was:
The street address of the limited liability partner	rship's chief executive office is:
11 ORD BLVD NAMPA ID 83651	onice is.
The above-named partnership elects to be a limit	
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The above-named partnership elects to be a limit Future effective date (optional): Signature of at least 2 partners:	ed liability partnership.
The mailing address for future correspondence is The above-named partnership elects to be a limit Future effective date (optional): Signature of at least 2 partners: The above-named partners and a down a down and a down a	ed liability partnership.
Future effective date (optional): Signature of at least 2 partners: The Order of Manager of Manag	ed liability partnership.
Future effective date (optional): Signature of at least 2 partners: Your Day a day Your Name PEDRO KMADOR YOUR Name JON RUTLEDGE	ed liability partnership. Secretary of State use only
Future effective date (optional): Signature of at least 2 partners: The Order of Manager of Manag	ed liability partnership.

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