



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP FILED EFFECTIVE

Title 30, Chapters 21 and 23, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the application in duplicate.

2016 FEB -5 PM 2:13

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability partnership is:

**New Innovate Properties LLP**

(Remember to include the words "Limited Liability Partnership," "Registered Limited Liability Partnership," or the permitted abbreviations.)

(If the limited liability partnership is a professional entity (as indicated in #7) the name may include the word "professional" before the word "limited," or the letter "P" at the beginning of any of the permitted abbreviations.)

2. The street address of the limited liability partnership's principal office is:

**1747 South 1800 East Gooding Id 83330**

(Street Address)

(City)

(State)

(Zipcode)

(Mailing Address, if different)

(City)

(State)

(Zipcode)

3. The street address of an office in this state, if any (if different from #2):

(Street Address)

(City)

(State)

(Zipcode)

4. Name and street address of the registered agent:

**Denver Price 487 W.First Street Glenss Ferry Id 83623**

(Name)

(Address)

(City)

(State)

(Zipcode)

5. Mailing address for future correspondence (annual report notices):

**P.O.Box 1057 Glenss Ferry Id 83623**

(Address)

(City)

(State)

(Zipcode)

6. By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.

7. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.

(If applicable, enter one of the permitted professional services here. \*Check instructions for list of permitted professions)

8. Signatures of all partners:

Printed Name: **Denver Price**

Signature:

Printed Name: **Karolyn Gaines**

Signature:

Secretary of State use only

IDAHO SECRETARY OF STATE

**02/05/2016 05:00**

CK:4167 CT:177644 BH:1512399

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