



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED EFFECTIVE

(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

11 NOV 21 AM 9:15

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Hard Trigger 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:

11309 State Highway 78, Givens Hot Springs, ID 83641

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: 11309 State Highway 78, Givens Hot Springs,

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) Steve Givens

Typed Name Steve Givens

2) Nadine Givens

Typed Name Nadine Givens

3)

Typed Name

Secretary of State use only

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Web Form

IDAHO SECRETARY OF STATE

11/21/2011 05:00

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