



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

NOV-8 PM 12:41

SECRETARY OF STATE
STATE OF IDAHO

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

1. The name of the limited liability partnership is: AK Solutions, 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:

273 S. Winthrop Place, Boise, ID 83709

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: 273 S. Winthrop Place, Boise, ID 83709

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) Cory Atkin

Typed Name Cory Atkin

2) Benjamin Kendall

Typed Name Benjamin Kendall

3)

Typed Name

Secretary of State use only

2:\scpt\forms\qualiflp.p65 Revised 01/2001

IDAHO SECRETARY OF STATE
11/08/2002 05:00
CK: 1201 CT: 164049 BH: 645134
1 @ 100.00 = 100.00 QUALIF LLP # 2

Web Form

J935