

Signature:

Signature:

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED EFFECTIVE

16 20.00 = 20.00 EXPEDITE C #3

Title 30, Chapters 21 and 23, Idaho Code

Base Filing fee: \$100.00.

2016 FEB -2 PM 4: 03

Complete and submit the application in <u>duplicate</u>.

ORGHE SABOU

SECRETARY OF STATE STATE OF IDAHO

1. The name of the limited liability partnership is:

NORTH WEST FOAM PRODUCTS AND DESIGN L.L.P.

(Remember to include the words "Limited Liability Partnership," "Registered Limited Dability Partnership," or the permitted aboreviations) (If the limited liability partnership is a <u>professional entity</u> (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.)

	610 S. POWERLIN	ERD. NA	AMPA	ID	83686
•	(Street Address)	(City)		(State)	(Zipcode)
	(Mailing Addrass. if different)		(City)	(State)	(Zipcode)
	The street address of an office in this state, if any (if different from #2):				
,	(Steet Address)	(City)		(State)	(Zipcode)
	Name and street address of the registe	red agent:			
	CORNEL SEICEAN	610 S. POWERLINE RD.	NAMPA	ID 8	83686
	(Name)	(Address)	(Caty)	(State)	(Specods)
	Mailing address for future corresponder	and (applied report potions):			
	610 S. POWERLIN	ERD. N	AMPA		83686
	-		AMPA	(Sints)	
. E	610 S. POWERLIN	ERD. (City) of State, the partnership named herein nitted by 30-21-901(b), Idaho Code, ip agrees that it is duly licensed or o	n elects to be a limited in the space below, a otherwise legally auth	(State) liability partr	(Zipcode nership. this document
. E	(Address) Address (Address) A filing this document with the Secretary of Sy entering one of the professions permit the Secretary of State, the partnersh selected professional service, and that it	ERD. (City) of State, the partnership named herein nitted by 30-21-901(b), Idaho Code, ip agrees that it is duly licensed or o	n elects to be a limited in the space below, a otherwise legally auth rtnership.	(State) liability partr and by filing to orized to rea	(Zipcode) nership. this document
. E	(Address) Address (Address) A filing this document with the Secretary of Sy entering one of the professions permit the Secretary of State, the partnersh selected professional service, and that it	of State, the partnership named herein littled by 30-21-901(b), Idaho Code, ip agrees that it is duly licensed or it is a professional limited liability partnership.	n elects to be a limited in the space below, a otherwise legally auth rtnership.	(State) liability partr and by filing to read	(Zipcode) nership. this document
. E V S	(Address) y filing this document with the Secretary of Sty entering one of the professions permit with the Secretary of State, the partnersh delected professional service, and that it (If applicable, enter one of the permit)	City) of State, the partnership named herein littled by 30-21-901(b), Idaho Code, ip agrees that it is duly licensed or of it is a professional limited liability patted professional services here. 'Check inst	n elects to be a limited in the space below, a otherwise legally auth rtnership.	(State) liability partrend by filing to orized to relative to relative to the state of the state	(Zipcode) nership. this document nder the

Rev. 07/2015