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FILED EFFECTIVE



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

2008 DEC 31 PM 12:39

(Instructions on back of application)

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: Wells-Noble Syntek 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:

1655 East 65th North, Idaho Falls, Idaho 83401

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:

1655 East 65th North, Idaho Falls, Idaho 83401

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)

Patricia S. Wells-Noble

Typed Name Patricia S. Wells-Noble

2)

B Wade Wells

Typed Name B. Wade Wells

3)

Typed Name

Secretary of State use only

Idaho Secretary of State
12/31/2008 05:00
CK: 184469 CT: 172099 BH: 1158384
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Web Form

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