



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(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

10 AUG 18 AM 8:33

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability partnership is: \_\_\_\_\_  
K AND L MARKETING, 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:

12070 W. KEATES DR. 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: \_\_\_\_\_  
12070 W. KEATES DR. 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) Kathleen T. Fowers

Typed Name KATHLEEN T. FOWERS

2) Leslie P. Fowers

Typed Name LESLIE P. FOWERS

3) \_\_\_\_\_

Typed Name

Secretary of State use only

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08/18/2010 05:00  
CK: 5801 CT: 258495 BH: 1235243  
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Web Form

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