STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Title 30, Chapters 21 and 23, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

The name of the limited liability partnership is:

Jeromy Tarkon

Hector Palacios

Printed Name:

Printed Name:

Signature:

Signature:

FILED EFFECTIVE

2018 JUN 28 AM 11: 10

SECRETARY OF STATE STATE OF IDAHO

	Cutthroats Juniors FC, LLP		
	(Remember to include the words "Limited (If the limited liability partnership is a <u>profe</u> the letter "P" at the beginning of any of the	essional epity (as indicated in #7) the nar	d Liability Partnership, for the permitted abbreviations) me may include the word "professional" before the word "limited." or
2.	The street address of the limited liability partnership's principal office is: 759 Palmetto Dr		
	(Street Address)		
	Eagle, ID 83616		
	(Mailing Address, if different)		
3.	The street address of an office in this state, if any (if different from #2):		
	(Street Address)		
4.	Name and street address of the registered agent:		
	Jeromy Tarkon 759 Palmetto Dr, Eagle, ID 83616		
	(Name)	(Address)	
5.	Mailing address for future correspondence (annual report notices):		
	759 Palmetto Dr. Eagle, ID 83616		
	(Address)		
6.	By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.		
7.	By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.		
	(If applicable, enter one of the permitted professional services here. *Check instructions for list of permitted professions)		
8.	Signatures of all partners;		Secretary of State use only
	·		
	leromy Tarkon		idaho secretary of state

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