



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

10 SEP 20 AM 9:20

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: Stonehedge Riding Academy L.L.P.

2. If previously filed a statement of partnership, the name used in that statement is: N/A

The date it was filed with the Idaho Secretary of State's Office was: N/A

3. The street address of the limited liability partnership's chief executive office is: 11063 S. 15th East, Idaho Falls ID 83404

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A

5. The mailing address for future correspondence is: 228 N 200 E
Blackfoot, ID 83221

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) Mallory Adams Edinborough
Typed Name Mallory Adams Edinborough

2) Patrick Edinborough
Typed Name Patrick Edinborough

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/20/2010 05:00
CK: 1407 CT: 251377 BH: 1239550
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3
1 @ 20.00 = 20.00 CORP SUR # 4

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