

Typed Name

STATEMENT OF QUALIFICATION OF EFFECTIVE LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

08 MAY 16 PM 1:42

The undersigned elects to be a Limited Liability Partnership, and so that the following information to the Secretary of State pursuant to Idaho Code § 53-3-350 E OF IDAHO

1.	The name of the limited liability partnership is: J.C. Events 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:
	The street address of the limited liability partnership's chief executive office is: 2801 S. Harbour Springs St. Nampa ID 83636
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: 2422 12th Ave. PMB 368 Nampa ID 83686-6300
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) Secretary of State use only
	Typed Name Joy L. Squires 2) IDAHO SECRETARY OF STATE 95/16/2008 95 200