

Typed Name

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STATEMENT OF QUALIFICATION OFILED EFFECTIVE LIMITED LIABILITY PARTNERSHIP 2014 APR 17 PH 2: 56

SECTION

(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

1.	The name of the limited liability partnership is:
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: 4298 N. Forest Meadow Ave., Boise Id 83704
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: 4298 N. Forest Meadow Ave. Boise Id 83704
6.	The above-named partnership elects to be a limited liability partnership.
7.	Future effective date (optional):
8. ×	1) Juliu Slayeus Secretary of State use only
	Typed Name MIKE STATE IDAHO SECRETARY OF STATE

04/17/2014 05:00

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