

FILED EFFECTIVE



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2006 FEB -6 PM 1:46

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: \_\_\_\_\_  
VARGAS MASONRY 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:

20703 GEM CT GREENLEAF, ID 83626

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: \_\_\_\_\_

20703 GEM CT., GREENLEAF, ID 83626

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): \_\_\_\_\_

8. Signature of at least 2 partners:

BENJAMIN VARGAS

Typed Name BENJAMIN VARGAS

CARMELO VARGAS

Typed Name CARMELO VARGAS

3)

Typed Name FLUMENCIO VARGAS

Secretary of State use only

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02/07/2006 05:00  
CK: 1205 CT: 192263 BH: 936491  
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Web Form

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