



# 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.

**FILED EFFECTIVE**

**2017 DEC 19 AM 8:22**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability partnership is:

**Sky Meadows, Limited Liability Partnership**

(Remember to include the words "Limited Liability Partnership," "Registered Limited Liability Partnership," or the permitted abbreviations.)

(If the limited liability partnership is a professional entity (as indicated in #7) the name may include the word "professional" before the word "limited," or the letter "P" at the beginning of any of the permitted abbreviations.)

2. The street address of the limited liability partnership's principal office is:

**1530 Hatter Creek Road, Princeton, ID 83857**

(Street Address)

(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:

**Katherine McClain**

**1530 Hatter Creek Road, Princeton ID 83857**

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

**1530 Hatter Creek Road, Princeton, ID 83857**

(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:

**Katherine McClain**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Joseph McClain**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**12/19/2017 05:00**

CK:3058 CT:349333 BH:1617088

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