

STATEMENT OF QUALIFICATION OFILED EFFECTIVE LIMITED LIABILITY PARTNERS SUP 10 PM 2: 22

(Instructions on back of application) SECRETARY OF STATE

The undersigned elects to be a Limited Liability Partnership, and submits the collowing information to the Secretary of State pursuant to Idaho Code § 53-3-1001

| | he name of the limited liability partnership is: |
|-----------------|---|
| if | previously filed a statement of partnership, the name used in that statement is: |
| TI | he date it was filed with the Idaho Secretary of State's Office was: |
| | ne street address of the limited liability partnership's chief executive office is: 267 So Main, Bellevue, ID 83313 |
| If th | the partnership does not have an office in the state of Idaho, the name and address of e registered agent is: Steve Carlson, 407 Leadville Ave N, Ketchum, ID 83340 |
| Th St | ne mailing address for future correspondence is:eve Carlson, PO Box 106, Ketchum, ID 83340 |
| Th | e above-named partnership elects to be a limited liability partnership. |
| Fı | uture effective date (optional): |
| | |
| | gnature of at least 2 partners: |
| 1) Tyr 2) | Secretary of State use only IDAHO SECRETARY OF STATE Ded Name acob Dozeman CK: 3143 CT: 99927 BH: 1135 Ded Name Ded Name Secretary of State use only IDAHO SECRETARY OF STATE CK: 3143 CT: 99927 BH: 1135 1 8 188.88 = 188.88 PUALIF LLI Ded Name |