

Typed Name

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP 14 MAY 30 AH 10: 27

(Instructions on back of application)

SECRETARY OF STRATE STATE OF JOANS

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: RAPP Land, 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:
	1101 E. Vali Hi Lane, Eagle, ID 83616-2801
4.	If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: n/a
5.	The mailing address for future correspondence is: 1101 E. Vali Hi Lane, Eagle, ID 83616-2801
6.	The above-named partnership elects to be a limited liability partnership.
7.	Future effective date (optional): n/a
8.	Signature of at least 2 partners:
	1) Secretary of State use only Typed Name Garth N. Wilde 2) Secretary of State use only 1DAHO SECRETARY OF STATE 05/30/2014 05:00 CK: 2244 CT: 297424 BH: 1426868 10: 100.00 = 100.00 QUALIF ILP #

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