

FILED EFFECTIVE



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

08 JAN 24 AM 8:48

SECRETARY OF STATE  
STATE OF IDAHO

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: Boyle & Platte 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:  
515 Pine Street, Suite I, Sandpoint, ID 83864
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: 515 Pine Street, Suite I, Sandpoint, ID 83864
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): \_\_\_\_\_

8. Signature of at least 2 partners:

1)

Typed Name Robert Boyle

2)

Typed Name Andrew Platte

3)

Typed Name

Secretary of State use only

81684  
IDAHO SECRETARY OF STATE  
01/24/2008 05:00  
CK: 1387 CT: 183708 NH: 1096255  
1 @ 100.00 = 100.00 QUALIF LLP # 2

g:\applications\qualif.pdf Revised 01/2001

Web Form