



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

2015 JUN -9 AM 8:23

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

- The name of the limited liability partnership is: Inklings, LLP
- If previously filed a statement of partnership, the name used in that statement is: N/A
- The date it was filed with the Idaho Secretary of State's Office was: _____
- The street address of the limited liability partnership's chief executive office is: 3330 Ringneck Dr. Idaho Falls, Idaho 83401
- If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A
- The mailing address for future correspondence is: 3330 Ringneck Dr. Idaho Falls, Idaho 83401
- The above-named partnership elects to be a limited liability partnership.
- Future effective date (optional): _____
- Signature of at least 2 partners:
 - Kirsten Ferguson
Typed Name Kirsten L. Ferguson
 - Taylor Beckstead
Typed Name Taylor L. Beckstead
 - _____

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Web Form

Secretary of State use only

IDaho SECRETARY OF STATE

06/09/2015 05:00

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