



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE  
2015 JUN -9 AM 8:23

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

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability partnership is: Inklings, LLP

2. 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: \_\_\_\_\_

3. The street address of the limited liability partnership's chief executive office is:

3330 Ringneck Dr. Idaho Falls, Idaho 83401

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: 3330 Ringneck Dr. Idaho Falls, Idaho 83401

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) Kirsten L. Ferguson

Typed Name Kirsten L. Ferguson

2) Taylor L. Beckstead

Typed Name Taylor L. Beckstead

3) \_\_\_\_\_

Typed Name \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

06/09/2015 05:00

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