

89 NOV 13 AM 9:08



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

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: J & T Accounting, 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:
2652 9th Ave E, Twin Falls, ID 83301
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: 2652 9th Ave E, Twin Falls, ID 83301
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) John A. Miltenberger

Typed Name John A. Miltenberger

2) Patricia C. Ruby

Typed Name Patricia C. Ruby

3) _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/13/2009 05:00
CK: 1148 CT: 85559 BH: 1195203
1 @ 100.00 = 100.00 QUALIF LLP # 2

g:\comp\form\qualif.p65 Revised 01/2001

Web Form

J 1928