



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2015 FEB 18 PM 2:48

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: S4L Services 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:
505 E. King St. Meridian, ID 83642
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: 505 E. King St.
Meridian, ID 83642
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) Stacy L. Tibbits
Typed Name Stacy L. Tibbits

2) Leon J. Tibbits Sr.
Typed Name Leon J. Tibbits Sr.

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/18/2015 05:00

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