

263

FILED EFFECTIVE

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

 2006 JUL 18 AM 7:57
 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: Dare to Dream Travel by Tammy Rogers, 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:
1771 S. Marsh Wood Place, Meridian, Idaho 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: 1771 S. Marsh Wood Place, Meridian, Idaho 83642-7456
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 Tammy Lou Rogers
 - 2)
 Typed Name Dale Wayne Rogers
 - 3) _____
 Typed Name _____

Secretary of State use only

6/20/2006 10:10:10 AM Received 6/20/06

Web Form

 IDAHO SECRETARY OF STATE *kw*
 07/18/2006 05:00
 CK: 859936 CT: 172039 BH: 965460
 1 @ 100.00 = 100.00 QUALIF LLP # 3

J 1477