

STATEMENT OF QUALIFICATION OF

(Instructions on back of application)

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code \$ \$3.53,000 SATE

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	Information to the Secretary of State pursuant to Idanio Sodie 9-00-01-01-01-01-01-01-01-01-01-01-01-01-
1.	The name of the limited liability partnership is: BLEDSOE & BLEDSOE CPA's 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:
	1905 N WHITLEY DR. FRUITI AND, ID 83619
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: 1905 N WHITLEY DR. FRUITLAND, ID 83619
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 Kirt L. Bledsoe Secretary of State use only
	Typed Name Typed Name Typed Name Typed Name Typed Name IDAHO SECRETARY OF STATE 66/10/2003 05:00 CK: 4102 CT: 170678 BH: 685153 1 9 100.00 QUALIF LLP # 2
	Typed Name