



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP FILED EFFECTIVE

(Instructions on back of application)

2013 AUG 22 AM 8:56

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: 15 Moulton Group, 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:

Debra F. Grove, 40 Scott Drive, Victor, ID 83455

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: _____

Debra F. Grove, 40 Scott Drive, Victor, ID 83455

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): _____

8. Signature of at least 2 partners:

William T. Nisbet, Trustee

Typed Name William T. Nisbet, Living Trust

Debra F. Grove

Typed Name Debra F. Grove

3)

Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
08/22/2013 05:00
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