

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED EFFECTIVE

Title 30, Chapters 21 and 23, Idaho Code Base Filing fee: \$100.00.

The name of the limited liability partnership is:

Printed Name: Jacob Asa Tiller

Signature:

2015 NOV -9 AM 11: 51

Complete and submit the application in duplicate.

STATE OF IDAHO

Rogue Customs	LoLo P.				
(Remember to include the words "Lin (If the limited liability partnership is a the letter "P" at the beginning of any	professional entity (as indicated in #7				
2. The street address of the limit	ted liability partnership's princ	ipal office is:			
210 Valley View	Rd	Nampa		ID	83686
(Street Address)		(City)		(State)	(Zipcode)
(Mailing Address, if different)		(City)		(State)	(Zipcode)
3. The street address of an offic	e in this state, if any (if differe	nt from #2):			
(Street Address)		(City)		(State)	(Zipcode)
. Name and street address of the	ne registered agent:				
Jacob Asa Tiller	210 Valley \	View Rd	Nampa	ID 8	33686
(Name)	(Address)		(City)	(Stale)	(Zipcode)
i. Mailing address for future corr				ID.	2200
210 Valley View	<u> </u>	Nampa			33686
(Address)		(City)		(State)	(Zipcode)
. By filing this document with the S	ecretary of State, the partnersh	nip named herein	elects to be a limited	d liability parti	nership.
. By entering one of the professi with the Secretary of State, the selected professional service, a	ions permitted by 30-21-901(b partnership agrees that it is du), Idaho Code, i uly licensed or o	n the space below, a therwise legally autl	and by filing	this document
(If applicable, enter one of	of the permitted professional services	s here, *Check instri	uctions for list of permitte	d professions)	
. Signatures of all partners:		Secretary of State use only			
			IDAHO SECRE	-	ATE
inted Name: Jeany Ethorington		l.	11/09/20 K:CASH CT:21 100.00 = 100	0 15 05: 07412 BH::	DO 1499589
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Rev. 07/2015