



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(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 § 53-3-1001

FILED EFFECTIVE
2015 FEB 27 AM 8:41
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Caesura Capital Partners, 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:
4509 S Cruzatte Lane, Boise, ID 83716
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: 4509 S Cruzatte Lane, Boise, ID 83716
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 Michael M Gibson, Manager on behalf of Caesura Capital Management, LLC

2)

Typed Name Homer Mainess

3)

Typed Name _____

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Secretary of State use only

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02/27/2015 05:00

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