

## STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP 02 SEP 18 PM 4: 16

(Instructions on back of application)

The undersigned elects to be a Limited Liability Partnership, and submits the following TE information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1.	The name of the limited liability partnership is:
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:
	755 East Ridgefield Drive, Boise, Idaho, 83706
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: 755 East Ridgefield Drive, Boise, Idaho, 83706
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) Kuan Secretary of State use only  Typed Name Karan J. Anton
	Typed Name Karan J. Anton  2)
	Typed Name Donald V. Justus 8 IDAHO SECRETARY OF STATE 99/19/2002 05:00
	3) CK: 6392 CT: 2562 BH: 489641 1 0 100.00 9 UNLIF LLP #
	Typed Name  J 921