



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Title 30. Chapters 21 and 23. Idaho Code

For Office Use Only

## -FILED-

File #: 0005705178

le.	T	itle 30, Chapters	s 21 and 23, Idaho Code		Date Filed: 4/16/2024 1:06:00 P	,м <b>†</b>
	В	ase Filing fee: \$1	00.00 + \$20.00 for manual proce	essing ( <u>form must be t</u>	yped).	· +
						2
1.	The name of the limited liability partnership is:					2
	Idaho CPR Connections LLP					4
	(Remember to include the words "Limited Liability Partnership." "Registered Limited Liability Partnership" or the permitted abbreviations) If the limited liability partnership is a <u>professional entity</u> (as indicated in #7) the name may include the word "professional" before the word "limited or the letter "P" at the beginning of any of the permitted abbreviations.					mited 2
2.	The street address of the limited liability partnership's principal office is:					PM
	821 Lone Star Rd					π N
	(Street Address)					U D
	Nampa ID 83651					æ
	(Mailing Address, if different)					ived
3.	The street address of an office in this state, if any (if different from #2):					
						Λq
	(Street Address)					O H
4.	Name and street address of the registered agent:					Hn
	Jaimy Swanson 1351 Poplar Ave Twin Falls, ID 83301					i Qe
	(Name) (Address)					0
5.	Mailing address for future correspondence (annual report notices):					Ĥ,
	821 Lone Star Rd Nampa ID 83651					44
	(Address)					<u> </u>
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6.	By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.					
7.	By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing the document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized render the selected professional service, and that it is a professional limited liability partnership.  N/A					ng th∰s ized∦o n n
	(If applicable, enter one of the permitted professional services here. See instructions for list of permitted professions.*)					<del></del>
					tary	
8.	Signatures o	of all partners:		Sec	retary of State use only	Ý
Printed Name: Luceile N Colvill						0 H
		0 10				Ø
Sig	nature: <u>duce</u>	<u> </u>				ct
Prir	nted Name:  Jส	aimy Swanson				916
		<u> </u>				