

STATEMENT OF QUALIFICATION OFFILED EFFECTIVE LIMITED LIABILITY PARTNERSHIP 2014 FEB 11 PM 2: 22

(Instructions on back of application)

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

2. If previously filed a statement of partnership, the name used in that statement is: n/a The date it was filed with the Idaho Secretary of State's Office was: n/a 3. The street address of the limited liability partnership's chief executive office is: 2117 Hillway Drive, Boise ID 83702 4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: 1. Indeed Name and Partnership elects to be a limited liability partnership. 7. Future effective date (optional): 1. Indeed Name Joseph H. Baird 2. Indeed Name Joseph H. Baird 2. Indeed Name Brian R. Hanson 3. Idaho SEDETIBRY OF STATE (SE2.71.17.2014 95.18) 1. Idaho SEDETIBRY OF STATE (SE2.71.17.2014 95.18)	1.	The name of the limited liability partnership is: Payette Capital Advisors LLP Payette Capital Advisors LLP
3. The street address of the limited liability partnership's chief executive office is: 2117 Hillway Drive, Boise ID 83702 4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: 1. The mailing address for future correspondence is: 2117 Hillway Drive, Boise ID 83702 6. The above-named partnership elects to be a limited liability partnership. 7. Future effective date (optional): 1. In address of the state of Idaho, the name and address of the registered agent is: 2117 Hillway Drive, Boise ID 83702 8. Signature of at least 2 partners: 1. In address of the state of Idaho, the name and address of Idaho, the name and address of the registered agent is: 2117 Hillway Drive, Boise ID 83702 Secretary of State use only Typed Name Joseph H. Baird	2.	•
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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) Secretary of State use only Typed Name Joseph H. Baird	4.	· ·
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1) Secretary of State use only Typed Name Joseph H. Baird	8	Signeture of at least 2 partners:
Typed Name Brian R. Hanson 3) Typed Name Typed Name 30 Typed Name	0.	1) As Secretary of State use only Typed Name Joseph H. Baird
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