

Typed Name Flor

STATEMENT OF QUALIFICATION OF FILED EFFECTIVE LIMITED LIABILITY PARTNERSHIP AM 8: 13

(Instructions on back of application)

The undersigned elects to be a Limited Liability Partnership space of STATE information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1.	The name of the limited liability partnership is: Envy 1/5 L. L. P.
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: 548 Shoup Aue, Idaho Falls, Idaho 83402
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: 548 SNOUD Auc. StEB Tdaho Falls, Tdaho 93402
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) Hotalu luni Typed Name LaTeesha Camphouse 3) Victor Olottosse and Camphouse 3) Victor Olottosse
	2) WICTOR QUATE STATE

10/27/2014 05:00

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