

FILED EFFECTIVE

263



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

NOV 17 PM 3:43

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

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

1. The name of the limited liability partnership is: SUN VALLEY FUN, 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:
680 Sun Valley Road, Unit 10D, Sun Valley, Idaho, 83340

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: PO Box 725, Bigfork, MT. 59911

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) [Signature]
Typed Name Robert I. Wink

2) [Signature]
Typed Name Cherie T. Hansen

3) _____
Typed Name _____

scorpformslp065 Reviewed 01/20/11

Secretary of State use only

IDAHO SECRETARY OF STATE
11/18/2014 05:00
CK:2365916 CT:172099 BH:1449720
1@ 100.00 = 100.00 QUALIF LLP #2
1@ 20.00 = 20.00 EXPEDITE C #3

Web Form

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