

## STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

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

information to the Secretary or State pursuant to	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
The name of the limited liability partnership is:	We Are Booked, LLP
If previously filed a statement of partnership, the	e name used in that statement is.
The date it was filed with the Idaho Secretary of	of State's Office was: NA
. The street address of the limited liability partner	rship's chief executive office is:
I. If the partnership does not have an office in the the registered agent is:	e state of Idaho, the name and address of
. The mailing address for future correspondence Moscow, ID 83843	is: Michelle Kay McGuire, 1908 East D Street
<ul> <li>The above-named partnership elects to be a ling.</li> <li>Future effective date (optional): NA</li> </ul>	nited liability partnership.
8. Signature of at least 2 partners:	
Typed Name Michelle Kay McGuire  2) Kethy Sum  Typed Name Kathy A. Beerman  3)  Typed Name	Secretary of State use only    Daho Secretary of State use only    IDAHO SECRETARY OF STATE

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