

## STATEMENT OF QUALIFICATION OF

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 House information to the Secretary of State pursuant to Idaho Code 5 53 3 1001

	nformation to the Secretary of State pursuant to Idaho Code § 53-3-1001	
1.	. The name of the limited liability partnership is: Sand M Transport	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:	
	377 Pheasant RN. West Twin Falls ID 83301	
4.	. If the partnership does not have an office in the state of Idaho, the name and active registered agent is:	Idress of
5.	The mailing address for future correspondence is: 377 Phoesant RD. w. Tuin Falls, TDAHO 83301	
<b>3</b> .	The above-named partnership elects to be a limited liability partnership.	
7.	. Future effective date (optional):	
8.	Signature of at least 2 partners:	
	Typed Name Cones Tufferson Secretary of State use  2) Library Of State use  1) Secretary of State use	·
	3) 12/20/2011 CK: 857615 CT: 172899 1 0 180.00 = 188.00 0	95 = 00 BH: 1382528 UALIF LLP # 2 XPEDITE C # 3
	Typed Name 1 29.00 = 29.00 E	··· mara i E M M M

J2127