

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Title 30, Chapters 21 and 23, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 OCT -2 AM 10: 05

SECRETARY OF STATE STATE OF IDAHO

 The name of the limited liability partnership ! 	1.	The name	of the	limited	liability	partnershi	p is:
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Signature: 1 amla make

Printed Name

Signature:

Michael Anderson

High Mountain Art Glass Limited Liability Partnership

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(Street Address)	ID 83861
- ''	
321 Woodland Dr	
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:Mahing Address, if different)	
The street address of an office in this state,	, if any (if different from #2):
(Sneet Address)	
Name and street address of the registered a	agent:
Pamela Anderson	321 Woodland Dr St Marie's Idaho 83861
(Name)	(Address)
Mailing address for future correspondence	(annual report notices):
321 Woodland Dr St Marie's Idaho	83861
(Address)	
By filing this document with the Secretary of 9	State, the partnership named herein elects to be a limited liability partnership.
By entering one of the professions permitte document with the Secretary of State, the pa	ed by 30-21-901(b), Idaho Code, in the space below, and by filing this artnership agrees that it is duly licensed or otherwise legally authorized to and that it is a professional limited liability partnership.
c heartrage of the permitted side permitted c	crofessional services have "Oneck instructions for list of permitted professions)
Signatures of all partners:	Secretary of State use only
ed Name: Pamela Anderson	IDAHO SECRETARY OF STATE 10/02/2017 05:00
	CK:5325 CT:346393 BH:1605295

CK:5325 CT:346393 BH:1605295 10 100.00 = 100.00 QUALIF LLP #2 10 20.00 = 20.00 EXPEDITE C #3

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