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	STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP (Instructions on back of application) LIMITED LIABILITY PARTNERSHIP (Instructions on back of application)
	LINITED LIADILITTPARTNERS FILE
The unde	ersigned elects to be a Limited Liability Partnership, and Supprits the following on to the Secretary of State pursuant to Idaho Code § 5373710010F STATE DAHO
I. The nam	e of the limited liability partnership is: <u>MUG HUT, LLP</u>
2. If previou	isly 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 stree	at address of the limited liability partnership's chief executive office is:
	Irving Street Boise Idaho 83713
	tnership does not have an office in the state of Idaho, the name and address of tered agent is:
the regist	tnership does not have an office in the state of Idaho, the name and address of tered agent is:
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