

## STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED EFFECTIVE

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

2018 APR 30 AM 10: 10

Complete and submit the application in duplicate.

SECRETARY OF STATE STATE OF JOARO

The name of the limited liability partnership is:

## Loveshack Industries Limited Liability Partnership

(Remember to include the words "Limited Liability Partnership," "Registered Limited Liability Partnership," or the permitted abbreviations) (If the limited liability partnership is a professional entity (as indicated in #7) the name may include the word "professional" before the word "limited," or

2. The street address of the limited liability partnership's principal office is:  16444 N. Golfview Ct. Nampa, ID 83687  (Street Address)  3. The street address of an office in this state, if any (if different from #2):  (Street Address)  4. Name and street address of the registered agent:  Dr. Steven Lysne  16444 N. Golfview Ct. Nampa, ID 83687  (Name)  (Address)  5. Mailing address for future correspondence (annual report notices):  16444 N. Golfview Ct. Nampa, ID 83687  (Address)  6. By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.  7. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.  (If applicable enter one of the permitted professional services here. 'Check instructions for list of permitted professions)  8. Signatures of all partners:  Secretary of State use only  IDANO SECRETARY OF STATE  B4 / 30 / 2018 05:00  CK: 1126 CT: 357087 8H: 1641188  16: 100.00 = 100.00 QUALIF LLP #		the letter "P" at the beginning of any of the permitted abbreviations.)			
(Street Address)  (Mailing Address if different)  3. The street address of an office in this state, if any (if different from #2):  (Street Address)  4. Name and street address of the registered agent:  Dr. Steven Lysne  16444 N. Golfview Ct. Nampa, ID 83687  (Name)  (Address)  5. Mailing address for future correspondence (annual report notices):  16444 N. Golfview Ct. Nampa, ID 83687  (Address)  6. By filling this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.  7. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filling this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.  (If applicable enter one of the permitted professional services here. "Check instructions for list of permitted professions)  8. Signatures of all partners:  Secretary of State use only  1DAHO SECRETARY OF STATE  04/30/2018 05:00  CK:1126 CT:357087 BH:1641188 16:100.00 = 100.00 QUALIT LLP #	2.	The street address of the limited liability partnership's principal office is:			
(Maling Address. if different):  3. The street address of an office in this state, if any (if different from #2):  (Street Address)  4. Name and street address of the registered agent:  Dr. Steven Lysne  16444 N. Golfview Ct. Nampa, ID 83687  (Name)  (Address)  5. Mailing address for future correspondence (annual report notices):  16444 N. Golfview Ct. Nampa, ID 83687  (Address)  6. By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.  7. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.  (if applicable, enter one of the permitted professional services here. "Check instructions for list of permitted professions)  8. Signatures of all partners:  Secretary of State use only  IDANO SECRETARY OF STATE  04/30/2018 05:00  CK:1126 CT:357087 BH:1641188 16:100.00 = 100.00 QUALIF LLP #		16444 N. Golfview Ct. Nampa, ID 83687			
3. The street address of an office in this state, if any (if different from #2):  (Street Address)  4. Name and street address of the registered agent:  Dr. Steven Lysne  16444 N. Golfview Ct. Nampa, ID 83687  (Address)  5. Mailing address for future correspondence (annual report notices):  16444 N. Golfview Ct. Nampa, ID 83687  (Address)  6. By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.  7. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.  (If applicable enter one of the permitted professional services here. "Check instructions for list of permitted professions)  8. Signatures of all partners:  Secretary of State use only  IDANO SECRETARY OF STATE  04/30/2018 05:00  CK:1126 CT:357087 BH:1641188  16:100.00 = 100.00 QUALIF LLP #		(Street Address)			
(Street Address)  4. Name and street address of the registered agent:  Dr. Steven Lysne  16444 N. Golfview Ct. Nampa, ID 83687  (Name)  (Address)  5. Mailing address for future correspondence (annual report notices):  16444 N. Golfview Ct. Nampa, ID 83687  (Address)  6. By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.  7. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.  (If applicable enter one of the permitted professional services here. 'Check instructions for list of permitted professions)  8. Signatures of all partners:  Secretary of State use only  IDAHO SECRETARY OF STATE  94/30/2018 95:00  CK:1126 CT:357087 BH:1641188  16 100.00 = 100.00 QUALLIF LLP #		(Mailing Address, if different)			
4. Name and street address of the registered agent:  Dr. Steven Lysne  16444 N. Golfview Ct. Nampa, ID 83687  (Name)  (Address)  5. Mailing address for future correspondence (annual report notices):  16444 N. Golfview Ct. Nampa, ID 83687  (Address)  6. By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.  7. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.  (If applicable, enter one of the permitted professional services here. "Check instructions for list of permitted professions)  8. Signatures of all partners:  Secretary of State use only  IDAHO SECRETARY OF STATE  04/30/2018 05:00  CK:1126 CT:357087 BH:1641188  16: 100.00 = 100.00 QUALIF LLP #	3.	The street address of an office in this state, if any (if different from #2):			
Dr. Steven Lysne  16444 N. Golfview Ct. Nampa, ID 83687  (Name)  (Address)  5. Mailing address for future correspondence (annual report notices):  16444 N. Golfview Ct. Nampa, ID 83687  (Address)  6. By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.  7. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.  (If applicable, enter one of the permitted professional services here. "Check instructions for list of permitted professions)  8. Signatures of all partners:  Secretary of State use only  IDAHO SECRETARY OF STATE  04/30/2018 05:00  CK: 1126 CT: 357087 BH: 1641188  16 100.00 = 100.00 QUALIF LLP #		(Street Address)			
(Name) (Address)  5. Mailing address for future correspondence (annual report notices): 16444 N. Golfview Ct. Nampa, ID 83687 (Address)  6. By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.  7. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.  (If applicable, enter one of the permitted professional services here. *Check instructions for list of permitted professions)  8. Signatures of all partners:  Secretary of State use only  IDAHO SECRETARY OF STATE  D4/38/2018 05:08  CK:1126 CT:357087 BH:1641188  16 100.00 = 100.00 QUALIF LLP #		Name and street address of the registered agent:			
5. Mailing address for future correspondence (annual report notices):  16444 N. Golfview Ct. Nampa, ID 83687  (Address)  6. By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.  7. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.  (If applicable, enter one of the permitted professional services here. 'Check instructions for list of permitted professions)  8. Signatures of all partners:  Secretary of State use only  IDAHO SECRETARY OF STATE  04/30/2018 05:00  CK:1126 CT:357087 BH:1641188  16 100.00 = 100.00 QUALIF LLP #		Dr. Steven Lysne	16444 N. Golfview Ct. Nampa, ID 83687		
16444 N. Golfview Ct. Nampa, ID 83687  (Address)  6. By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.  7. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.  (If applicable, enter one of the permitted professional services here. "Check instructions for list of permitted professions)  8. Signatures of all partners:  Secretary of State use only  IDAHO SECRETARY OF STATE  B4/30/2018 05:00  CK:1126 CT:357087 BH:1641188  16 100.00 = 100.00 QUALIF LLP #		(Name)	(Address)		
7. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.  (If applicable, enter one of the permitted professional services here. *Check instructions for list of permitted professions)  8. Signatures of all partners:  Secretary of State use only  IDAHO SECRETARY OF STATE  04/30/2018 05:00  CK:1126 CT:357087 BH:1641188  16:100.00 = 100.00 QUALIF LLP #		16444 N. Golfview Ct. Nampa, ID 83687			
document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.  (If applicable, enter one of the permitted professional services here. "Check instructions for list of permitted professions)  8. Signatures of all partners:  Secretary of State use only  IDAHO SECRETARY OF STATE  04/38/2018 05:00  CK:1126 CT:357087 BH:1641188  16 100.00 = 100.00 QUALIF LLP #	6.	By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.			
8. Signatures of all partners:    Secretary of State use only   IDAHO SECRETARY OF STATE     04/30/2018 05:00     CK:1126 CT:357087 BH:1641188   16 100.00 = 100.00 QUALIF LLP #	7.	document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to			
Printed Name: Steven Lysne   10AHO SECRETARY OF STATE   04/30/2018 05:00   CK:1126 CT:357087 BH:1641188   16 100.00 = 100.00 QUALIF LLP #		(If applicable, enter one of the permitted professional services here. "Check instructions for list of permitted professions)			
Printed Name: 04/30/2018 05:00  CK:1126 CT:357087 BH:1641188  16 100.00 = 100.00 QUALIF LLP #	8.	Signatures of all partners:		Secretary of State use only	
		A-16/2		04/30/2018 05:00 CK:1126 CT:357087 BH:1641188	
Printed Name: Marianne Nelson		Marianne Nelson			