



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP FILED EFFECTIVE

(Instructions on back of application)

2012 MAR 29 PM 4: 28

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

1. The name of the limited liability partnership is: How Drunk Am I 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:

2405 S Atlantic St Boise, Idaho, 83705

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: 2405 S Atlantic St Boise, Idaho, 83705

5. The mailing address for future correspondence is: 2405 S Atlantic St Boise, Idaho, 83705

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): March 29 2012

8. Signature of at least 2 partners:

1)
Typed Name David Poole

2)
Typed Name Tyler Babcock

3) _____
Typed Name _____

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Secretary of State use only

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03/29/2012 05:00
CK: 947461 CT: 172099 BH: 1317527
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Web Form

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