



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP APR 26 PM 4: 14

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

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:
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: 1315 W Fort St Boise, Idaho 83702
4.	If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is:
5.	The mailing address for future correspondence is: 1315 W Fort St Boise, Idaho 83702
6.	The above-named partnership elects to be a limited liability partnership.
7.	Future effective date (optional):
8.	Signature of at least 2 partners: 1) Typed Name Chris Callor Secretary of State use only
	2) Brandon Follett Typed Name Brandon Follett 3) Typed Name Typed Name

J1135