



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

11 JUL 11 AM 9:43

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.

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability partnership is: Milgrif ~~LLP~~ 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:

720 N 3<sup>rd</sup> St. COEUR D'ALENE IDAHO 83815

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent \_\_\_\_\_

5. The mailing address for future correspondence is: 720 N 3<sup>rd</sup> CDA, IDAHO IDAHO 83815

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

7. Future effective date (optional): 7/15/11

8. Signature of at least 2 partners:

1) [Signature]  
Typed Name LUKE GRIFFIN

2) DARREN MILLER  
Typed Name [Signature]

3) \_\_\_\_\_  
Typed Name \_\_\_\_\_

Secretary of State use only

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IDAHO SECRETARY OF STATE  
07/11/2011 05:00  
CK: 4811 CT: 260525 BH: 1261869  
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