







STATE OF IDAHO Office of the secretary of state, Phil McGrane STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

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Statement of Qualification of Limited Liability Partnership Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)
Limited Liability Partnership Name	
Type of Limited Liability Partnership	Limited Liability Partnership
Entity name	NMDC LLP
Limited Liability Partnership Designation	
By checking this box and filing this document with the Selimited liability partnership.	ecretary of State, the partnership named herein elects to be a
The complete street address of the principal office is:	
Principal Office Address	2173 N 10 MILE RD
	KUNA, ID 83634
The mailing address of the principal office is:	
Mailing Address	2173 N TEN MILE RD
	KUNA, ID 83634-1206
Street address of an office in this State:	
Address	2173 N 10 MILE RD
	KUNA, ID 83634
Registered Agent Name and Address	
Registered Agent	Beau A Pecchenino
	Registered Agent
	Physical Address
	2173 N TEN MILE ROAD KUNA, ID 83634
	Mailing Address
	2173 N TEN MILE RD
	KUNA, ID 83634-1206
I affirm that the registered agent appointed has consented	ed to serve as registered agent for this entity.
Signature of individual authorized by partners to sign:	
Giovanni M Hawkins	01/13/2025
Sign Here	Date
Job Title: Co-Founder	