

FILED EFFECTIVE



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

05 JUN -9 AM 11:55

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: Credit Report Resolution Services, 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:

6697 N. Prescott Ave. Boise, ID 83714

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: 6697 N Prescott Ave Boise, ID83714

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 Cecil Orahod

2)   
Typed Name Kimberly Orahod

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

Secretary of State use only

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06/09/2006 05:00  
CK: CASH CT: 201194 BH: 959228  
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Web Form