





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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File #: 0005099559

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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)
imited Liability Partnership Name	
Type of Limited Liability Partnership	Limited Liability Partnership
Entity name	Haley's Company LLP
Limited Liability Partnership Designation	
By checking this box and filing this document with the Seclimited liability partnership.	cretary of State, the partnership named herein elects to be a
The complete street address of the principal office is:	
Principal Office Address	28417 PECKHAM RD
	WILDER, ID 83676
The mailing address of the principal office is:	
Mailing Address	28417 PECKHAM RD
	WILDER, ID 83676-5112
Street address of an office in this State:	
Address	28417 PECKHAM RD
	WILDER, ID 83676
Registered Agent Name and Address	
Registered Agent	Registered Agent
	Robert Haley
	Physical Address: 28417 PECKHAM RD
	WILDER, ID 83676
	Mailing Address:
	28417 PECKHAM RD
	WILDER, ID 83676-5112
■ I affirm that the registered agent appointed has consented	d to serve as registered agent for this entity.
6. Signature of individual authorized by partners to sign:	
Robert a. Halay	2-7-23 Date
Sign Here	Date
Job Title: Partner	
Print & Mail Enclosures	
■ I understand the document can ONLY be filed if the follow	ving items are included:
Tanderstand the document can ONET be filed if the follow	mig tomo are moluded.



Payment in the amount of \$100.00 (if expedited, \$140; if 24 hour processing, \$200) - checks payable to the Secretary of State, signed and recently dated.

This filing form (submit within 30 days) with the required signature(s).

If you are submitting a correction, return the correction letter with your updated document.