



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

08 FEB 26 PM 3:45

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: _____
Check-A-Check, 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:

1325 S. Vista Avenue, Boise, Idaho 83705

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: 1325 S. Vista Avenue, Boise, Idaho 83705

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 John F. Muir

2)

Typed Name Grant E. Muir, Jr.

3) _____

Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
02/26/2008 05:00
CK: 218 CT: 14917 BH: 1101484
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Web Form

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