



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2011 MAY 16 AM 8:13

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-100, IDAHO

1. The name of the limited liability partnership is: Lynn Family Cabin, LLP
2. If previously filed a statement of partnership, the name used in that statement is:
NA
The date it was filed with the Idaho Secretary of State's Office was: NA
3. The street address of the limited liability partnership's chief executive office is:
4107 Spiers Ave., Coeur d'Alene, Id 83815
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: NA
5. The mailing address for future correspondence is: 4107 Spiers Ave., Coeur d'Alene, ID 83815
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): _____

8. Signature of at least 2 partners:

John Lynn
Typed Name John Lynn

2) Ken Lynn
Typed Name Ken Lynn

3) _____
Typed Name

Secretary of State use only

ID12001 Revised 01/2001

Web Form

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05/16/2011 05:00
CK: 151 CT: 177691 BH: 1273707
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