



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

MAR 14 PM 3:36

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: Anfinson Plumbing, LLP

2. If previously filed a statement of partnership, the name used in that statement is:  
N/A

The date it was filed with the Idaho Secretary of State's Office was: N/A

3. The street address of the limited liability partnership's chief executive office is:  
3959 Chuckwagon Avenue, Boise, Idaho 83713

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A

5. The mailing address for future correspondence is: 3959 Chuckwagon Avenue, Boise, Idaho 83713

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): N/A

8. Signature of at least 2 partners:

1)   
Typed Name Peter A. Anfinson

2)   
Typed Name Sharon E. Anfinson

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

Secretary of State use only

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IDAHO SECRETARY OF STATE  
03/14/2003 05:00  
CK: 19371 CT: 2618 BH: 668711  
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Web Form

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