



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

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: _____

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:

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: _____

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

2) _____
Typed Name

3) _____
Typed Name

Secretary of State use only

INSTRUCTIONS

Optional: If the document is incorrect where can you be reached for questions? _____

Note: Complete and submit the application in duplicate.

1. Line 1 - Enter the name of the Limited Liability Partnership. Pursuant to Idaho Code § 53-3-1002, the name of the registered limited liability partnership must end with the words Registered Limited Liability Partnership, Limited Liability Partnership or an abbreviation, such as L.L.P., R.L.L.P., LLP, or RLLP
2. Line 2 - If a statement of partnership authority was previously filed with the Secretary of State's Office enter the name on such statement and the date it was filed.
3. Line 3 - Enter the street address of its chief executive office (not a PO Box or Personal Mail Box)
4. Line 4 - If the partnership does not have an office in this state, the name and street address of its registered agent in Idaho (not a PO Box or Personal Mail Box). The registered agent is the person who will receive service of process upon litigation. This person must be located in Idaho at a physical address.
5. Line 5 - The mailing address to which you would like future correspondence to be sent from the Secretary of State's Office.
6. Line 7 - You may enter a future effective date. If no date is indicated the effective date is the date of filing.
7. Line 8 - Requires the signature of at least 2 partners of the limited liability partnership. The partners must be identified by typing his/her name beneath the signature.
8. Enclose the appropriate fee:
 - a. If the application is typed the fee is \$100.00.
 - b. If the application is not typed or a non standard form is used, the fee is \$120.00.
 - c. If expedited service is requested, add \$20.00 to the filing fee.
 - d. If the fees are to be paid from the filing party's pre-paid customer account, conspicuously indicate the customer account number in the cover letter or transmittal document.
9. Mail or deliver to:

Office of the Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080
10. If you have questions or need help, call the Secretary of State's Office at (208) 334-2301.