



**CONSOLIDATED STATEMENT OF PARTNERSHIP AUTHORITY  
AND  
QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP**  
(Instructions on back of application)

The undersigned hereby file a consolidated statement of partnership authority and statement of limited liability partnership, and submit the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001A, § 53-3-1001, § 53-3-303.

1. The name of the limited liability partnership is:

\_\_\_\_\_

2. It's prior name, if any, was:

\_\_\_\_\_

3. The street address of its chief executive office is:

\_\_\_\_\_

4. The street address of one (1) office in Idaho; or name and street address of its registered agent in Idaho:

\_\_\_\_\_

5. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
------	---------

_____	_____
_____	_____

6. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

_____	_____	_____
_____	_____	_____

7. The mailing address for future correspondence is:

\_\_\_\_\_

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

9. Future effective date (optional) \_\_\_\_\_

10. Signatures of at least 2 partners:

1) \_\_\_\_\_

Typed Name \_\_\_\_\_

2) \_\_\_\_\_

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.

**Line 1** - Enter the name of the partnership. The name of the partnership shall not include words of organization which deceptively imply that the partnership is a different kind of legal entity and shall not be the same as or deceptively similar to the name of another legal entity filed with the Secretary of State's Office.

**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.

**Line 3** - Enter the street address of its chief executive office (not a PO Box or Personal Mail Box)

**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.

**Line 5** - List the name and mailing address of all partners.

**Line 6** - Enter only the names of the partners authorized to execute transferring of real property in the name of the partnership.

**Line 7** - The mailing address to which you would like future correspondence to be sent from the Secretary of State's office.

**Line 9** - You may enter a future effective date. If no date is indicated, the effective date is the date of filing.

**Line 10** - Requires the signature of at least 2 partners.

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.

Pursuant to Idaho Code § 67-910(6), the Secretary of State's Office may delete a business entity filing from our database if payment for the filing is not completed.

Mail or deliver to:

Office of the Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

If you have questions or need help, call the Secretary of State's Office at (208) 334-2301.