



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Title 30, Chapters 21 and 23, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

1. The name of the limited liability partnership is:

(Remember to include the words "Limited Liability Partnership," "Registered Limited Liability Partnership," or the permitted abbreviations)
(If the limited liability partnership is a professional entity (as indicated in #7) the name may include the word "professional" before the word "limited," or the letter "P" at the beginning of any of the permitted abbreviations.)

2. The street address of the limited liability partnership's principal office is:

(Street Address)

(Mailing Address, if different)

3. The street address of an office in this state, if any (if different from #2):

(Street Address)

4. Name and street address of the registered agent:

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

(Address)

6. By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.

7. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.

(If applicable, enter one of the permitted professional services here. *Check instructions for list of permitted professions)

8. Signatures of all partners:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

INSTRUCTIONS

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

Phone Number

Email address

Note: Complete and submit the application in duplicate.

- **Line 1** - Enter the name of the Limited Liability Partnership. Pursuant to Idaho Code § 30-21-302, the name of the limited liability partnership must end with the words Registered Limited Liability Partnership, Limited Liability Partnership or one of the permitted abbreviations – L.L.P., R.L.L.P., LLP, or RLLP.
- **Line 2** - Enter the street address of its principal office (not a PO Box or Personal Mail Box)
- **Line 3** - If the address entered on line two is not in Idaho, enter the street address of an office in Idaho, if any.
- **Line 4** - Enter the complete name and mailing address of the registered agent. A registered agent is the person designated to receive service of process upon litigation. A registered agent may be an individual who is a resident of Idaho, or a business entity registered with the Secretary of State's office. Assumed business names may not be registered agents. This person or business entity must be located in Idaho at a physical address. Post Office boxes and commercial personal mail boxes are not acceptable.
- **Line 5** - Enter the mailing address to which you would like future correspondence to be sent from the Secretary of State's Office.
- **Line 6** - Statement of declaration that the partnership elects to become a limited liability partnership by filing the document with the Secretary of State.
- **Line 7** - If the limited liability partnership elects to be a professional limited liability partnership, they do so by selecting one of the following qualified professions:

*30-21-901(b), Idaho Code – For the purpose of this act, the professions shall include the practices of architecture, chiropractic, dentistry, engineering, landscape architecture, law, medicine, nursing, occupational therapy, optometry, physical therapy, podiatry, professional geology, psychology, certified or licensed public accountancy, social work, surveying and veterinary medicine, and no others.
- **Line 8** - Requires the signature of all partners of the limited liability partnership. The partners must be identified by printing his/her name on the line provided.
- Enclose the appropriate fee (make checks payable to Idaho Secretary of State:
 - a. If the application is typed the fee is \$100.00.
 - b. If the application is not typed 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
450 N. 4th Street
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.



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