



State of Alaska
 Department of Community and Economic Development
 Division of Banking, Securities, and Corporations
CORPORATION SECTION
 PO Box 110808
 Juneau AK 99811-0808

STATEMENT OF QUALIFICATION

Limited Liability Partnership

Pursuant to the provisions of the Alaska Statutes, the undersigned limited liability partnership applies for a Certificate of Qualification and, for that purpose, submits the following statement:

1. Name of the Limited Liability Partnership. The name of a limited liability partnership must contain the words "limited liability partnership" or the abbreviation "L.L.P.," or "LLP".

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2. The address of the partnership's chief executive office, and if different, the street address of an office in Alaska.

Name:			
Mailing Address:			
Physical Address if Mailing Address is a Post Office Box:			
	City:	AK	ZIP Code:

If the chief executive office is not in Alaska, list address of the office in Alaska.

Name:			
Mailing Address:			
Physical Address if Mailing Address is a Post Office Box:			
	City:	AK	ZIP Code:

3. Registered Agent Name and Address.

Name:			
Mailing Address:			
Physical Address if Mailing Address is a Post Office Box:			
	City:	AK	ZIP Code:

4. The partnership elects to be a limited liability partnership.
5. If the effective date is a date later than the filing of this Statement of Qualification, list effective date:

Effective date if not the date of filing:

A statement filed by a partnership must be executed by at least two partners or by a partner and another person authorized in the Statement of Partnership Authority. An individual who executes a statement as, or on behalf of, a partner or other person named as a partner in a statement shall personally declare under penalty of perjury that the contents of the statement are accurate.

A person who files a statement shall promptly send a copy of the statement to every nonfiling partner and to any other person named as a partner in the statement. Failure to send a copy of a statement to a partner or other person does not limit the effectiveness of the statement as to a person who is not a partner.

Signature of Partner or Authorized Person	Printed Name	Title	Date

If you have specific legal questions or concerns about this filing, you are strongly advised to consult an attorney or other professional to assist you. Mail the completed Statement of Qualification and the **\$250.00** filing fee (in U.S. dollars) to:

State of Alaska
Corporations Section
PO Box 110808
Juneau, AK 99811

For additional information or forms please visit our web site at: www.corporations.alaska.gov