



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED EFFECTIVE

(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

2012 MAR 19 PM 2:10
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: MDMA Ventures, LLP

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:

2927 Midnight Blue, Idaho Falls, Idaho 83401

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: 2927 Midnight Blue, Idaho Falls
Idaho, 83401

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) [Signature]

Typed Name Ray Morgan Andrus

2) [Signature]

Typed Name Matt A. Drake

3) _____

Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
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