

FILED EFFECTIVE



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

JUL -6 AM 8:39

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

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: Reel Concept Studios
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:

11701 Tioga St. Boise, ID 83709

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: 11701 Tioga St.
Boise, ID 83709

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) Devon Byrne

Typed Name Devon Byrne

2) Tyler Thayer

Typed Name Tyler Thayer

3) _____

Typed Name _____

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Secretary of State use only

IDAHO SECRETARY OF STATE
07/06/2010 05:00
CK: 673772 CT: 15971 BH: 1229337
1 @ 100.00 = 100.00 QUALIF LLP #
1 @ 20.00 = 20.00 CORP SUR #

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