



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(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

1. The name of the limited liability partnership is: Sunkissed Tanning 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:

3329 W. Cherry Ln. Meridian Idaho 83642

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:

3835 Sea Island Ct. Meridian Idaho 83646

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 Suzanne Shields

2) [Signature]
Typed Name Amber Davis

3) _____
Typed Name _____

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Secretary of State use only

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10/07/2008 05:00
CK: 1100 CT: 230377 BH: 1139106
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