



STATEMENT OF QUALIFICATION OF FILED EFFECTIVE LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2012 SEP 21 AM 8:59

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: The Frame 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:
3026 Silver Cir Idaho Falls, ID 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: 3026 Silver Cir Idaho Falls, ID 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) Kacey Torman

Typed Name Kacey Torman

2) Bree Anderson

Typed Name Bree Anderson

3) _____

Typed Name _____

Secretary of State use only

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09/21/2012 05:00
CX: 1698804 CT: 274536 BH: 1348829
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Web Form

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