



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

11 JAN 20 AM 9:00

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

SECRET
STATE OF IDAHO

1. The name of the limited liability partnership is: A TASTE OF ALOHA 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:

520 BANK ST. WALLACE, ID. 83873

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: PO Box 1170
WALLACE, ID. 83873

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 CARL A STEPHENSON

2) [Signature]
Typed Name LESLEY E. STEPHENSON

3) [Signature]
Typed Name Teresa Hudson

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Secretary of State use only

IDAHO SECRETARY OF STATE
01/20/2011 05:00
CK: 9148 CT: 166383 BH: 1256181
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 CORP SUR # 3

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