



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

05 MAY 31 PM 1:45

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

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: X-treme Sports Nutrition and Personal Training 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:
1738 West State Street Boise Idaho 83702

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: Phillip Zeek

5. The mailing address for future correspondence is: 1738 West State Street Boise Idaho 83702

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) *Phillip Zeek*
Typed Name Phillip Zeek

2) _____
Typed Name Heather Houle

3) *Heather Houle*
Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
05/31/2006 05:00
CK: CASH CT: 200890 BH: 957529
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