



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

2013 OCT 23 PM 12:06

(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: Show Stoppers Entertainment 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:

12888 W Fiddleleaf Dr., Boise ID 83713

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: 3191 N Hawthorne Dr., Boise ID 83703

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) [Handwritten Signature] Typed Name Marsha Lee

2) [Handwritten Signature] Typed Name Hoby Thomas

3) Typed Name

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Secretary of State use only

IDAHO SECRETARY OF STATE 10/23/2013 05:00 CK: CASH CT: 200002 BH: 1395878 1 @ 100.00 = 100.00 QUALIF LLP # 2

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