



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: Heirloom Casual Accents 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:
4105 North Haroldson Dr # 2 Idaho Falls, Idaho 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: P O Box 175 Ucon Idaho 83454 83454-0175
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) Leland Larsen

Typed Name Leland Larsen

2) Mae Larsen

Typed Name Mae Larsen

3) _____

Typed Name

Secretary of State use only

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IDAHO SECRETARY OF STATE
 03/21/2003 05:00
 CK: 563203435 CT: 168481 BH: 670190
 1 @ 100.00 = 100.00 QUALIF LLP # 2
 1 @ 20.00 = 20.00 CORP SUR # 3

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