



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

MAY -7 AM 9:04
SECRETARY OF STATE
IDAHO

1. The name of the limited liability partnership is: Word Expressions L.L.P
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:
4885 Gemmett Creek Rd, 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: 4885 Gemmett Creek Rd,
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) Julie Loftus
Typed Name Julie Loftus
- 2) Cheryl Lynch
Typed Name Cheryl Lynch
- 3) _____
Typed Name _____

Secretary of State use only

51604
IDAHO SECRETARY OF STATE
05/07/2007 05:00
CK: 645 CT: 213865 BH: 1051982
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 CORP SUR # 3