



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

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

12 APR 20 11 8:58
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: TETON VALLEY BALLOON RALLY, LLP

2. If previously filed a statement of partnership, the name used in that statement is: N/A

The date it was filed with the Idaho Secretary of State's Office was: N/A

3. The street address of the limited liability partnership's chief executive office is: 65 E. HOWARD, DRIGGS, ID 83422

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

5. The mailing address for future correspondence is: PO BOX 1105, VICTOR, ID 83455

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)

Virginia Powell Symons
Typed Name VIRGINIA POWELL SYMONS

2)

Margaret Rose Breffeil
Typed Name MARGARET ROSE BREFFEILH

3)

Candace N Davis
Typed Name CANDACE N DAVIS

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Web Form

Secretary of State use only

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04/20/2012 05:00
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