



STATEMENT OF QUALIFICATION OF FILED EFFECTIVE 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.

2007 JUN 25 AM 9:53

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Snack Central 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: _____

3. The street address of the limited liability partnership's chief executive office is:

12348 W Auckland Street, Boise, ID 83709

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: 12348 W Auckland Street, Boise, ID 83709

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): July 1, 2007

8. Signature of at least 2 partners:

1) Don Armstrong
Typed Name Don Armstrong

2) Caroline Armstrong
Typed Name Caroline Armstrong

3) _____
Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
06/25/2007 05:00
CK: 1024 CT: 214753 BH: 1062105
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Web Form

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