



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

10 MAY 26 AM 11:43

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: Pillow Talk Etc. 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:
213 Main St, Idaho City, ID 83631
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: Paula Barnard, 8 Joes Lane, Lowman, Id 83622
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) Sherrie D. Oldenburg
Typed Name Sherrie D. Oldenburg

2) Paula M. Barnard
Typed Name Paula M. Barnard

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/26/2010 05:00
CK: 3460 CT: 248369 BH: 1224091
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Web Form