



STATEMENT OF QUALIFICATION OF
LIMITED LIABILITY PARTNERSHIP

JUN 10 AM 9:22

(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: Little Miners' Day Care LLP

None

The date it was filed with the Idaho Secretary of State's Office was: None

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

306 1/2 3rd Street Osburn, ID 83849

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 881 Osburn, ID 83849

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) Jasmine Suzanne Curl

Typed Name Janine Suzannne Curl

2) Mrs. L. Johnson

Typed Name Kress Lynn Tenhonen

3)

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
06/10/2004 05:00
CK: 1006 CT: 179918 DM: 749645
1 @ 100.00 = 100.00 QWALIF LLP # 2

Web Form

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