



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

10 DEC 13 AM 8:54

(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

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: D'Zign Group Architecture, 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:
21 Commerce Drive, Suite A, Hayden, ID 83835

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: _____
21 Commerce Drive, Suite A, Hayden, ID 83835

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)
Typed Name CD IMAGE, LLC

2)
Typed Name d'Zign group, LLC

3)
Typed Name DLS Designs, PLLC

Secretary of State use only

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