



STATEMENT OF QUALIFICATION OF 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

FILED EFFECTIVE
2006 JUL 11 PM 1:04
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: 116 Design 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:
116 North Second Avenue, Sandpoint ID 83864
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: 116 North Second Avenue, Sandpoint ID 83864
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) *Kimberly Manning*
Typed Name Kimberly Manning
- 2) *Barbara Schelling*
Typed Name Barbara Schelling
- 3) _____
Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
07/11/2006 05:00
CK: 5244 CT: 202252 BH: 964358
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Web Form

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