



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

11 APR 14 PM 12:02

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: della MANO 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: 260 Main Street, Ketchum, ID 83340

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: 260 Main Street, Ketchum, ID 83340

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) [Signature]
Typed Name Sarah Lipton

2) [Signature]
Typed Name Taite Pearson

3) _____
Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
04/14/2011 05:00
CK: 554378 CT: 167623 BH: 1269247
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1 @ 20.00 = 20.00 EXPEDITE C # 3

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