



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
08 APR 17 AM 8:21
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: 'New Look' Home & Landscape L.L.P.
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:
1604 W. Orchard Ave. # 724, Nampa, ID. 83651
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: Debra Gibler
1604 W Orchard Ave #724, Nampa ID 83651
5. The mailing address for future correspondence is: Same as above
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) *Tim A. Gibler*
Typed Name Tim A. Gibler

2) *Debra K. Gibler*
Typed Name Debra K. Gibler

3) *Nicholas A. Gibler*
Typed Name Nicholas A. Gibler

Secretary of State use only

c:\p\forms\qualif.pdf Revised 01/2001

Web Form

IDAHO SECRETARY OF STATE
04/17/2008 05:00
CK: 1078 CT: 225031 BH: 1110503
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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