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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

1. The name of the limited liability partnership is: Mustache Flats Gallery Outlet 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: 302 N 3rd Street Suite B, McCall, ID 83638
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: 302 N 3rd Street Suite B, McCall, ID 83638
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): 02/20/2009

8. Signature of at least 2 partners:

1) Jeneane T. LaBrel

Typed Name Jeneane T LaBrel

2) Laura A Beal

Typed Name Laura A Beal

3) _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/17/2009 05:00
CK: 202302 CT: 172099 BH: 1157356
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State of Idaho, Department of State, Division of Corporations, 01/20/09

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