



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

07 OCT 23 AM 8:46

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: Angels In Your Corner 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:

1524 South Broadway Boise, Idaho 83706

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: 1524 South Broadway Boise, Idaho 83706

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) Deanna Huckabee
Typed Name Deanna Huckabee

2) _____

Typed Name Daria Sanders
3) Daria Sanders
Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
10/23/2007 05:00
CK: 7562 CT: 217771 BH: 1081897
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Web Form

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