



STATEMENT OF QUALIFICATION OF FILED EFFECTIVE LIMITED LIABILITY PARTNERSHIP

2003 NOV 21 AM 9:03

(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: Handmaiden Soaps 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:
371 S. Harlan Place Eagle, ID 83616

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: 371 S. Harlan Place Eagle, ID 83616

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) Angela Gronewold

Typed Name Angela Gronewold

2) Dayna Kaddas

Typed Name Dayna Kaddas

3)

Typed Name _____

g:\option\forms\state\llp\065 Revised 01/2001

Web Form

Secretary of State use only

IDAHO SECRETARY OF STATE
11/21/2003 05:00
CK: 3043 CT: 174507 BH: 712936
1 @ 100.00 = 100.00 QUALIF LLP # 2

J 1074