



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 _____

Secretary of State use only

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11/21/2003 05:00
CK: 3043 CT: 174507 BH: 712936
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Web Form

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