



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

2003 AUG 28 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

1. The name of the limited liability partnership is: Foothill Country Day Care, LLP

2. If previously filed a statement of partnership, the name used in that statement is: N/A

The date it was filed with the Idaho Secretary of State's Office was: N/A

3. The street address of the limited liability partnership's chief executive office is: 3260 Foothill Road, Moscow ID 83843

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A

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): 9-2-03

8. Signature of at least 2 partners:

1) Laura L. Nittolo
Typed Name Laura L. Nittolo

2) Anna Marie Brockington
Typed Name Anna Marie Brockington

3) _____
Typed Name _____

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Secretary of State use only

IDAHO SECRETARY OF STATE
08/28/2003 05:00
CK: 1002 CT: 172501 BH: 698757
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 CORP SUR # 3
1 @ 20.00 = 20.00 EXPEDITE C # 4

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