



# 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: STAGING LADIES 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:  
3877 N. BUNCHBERRY WAY BOISE, ID 83704
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: \_\_\_\_\_  
3877 N. BUNCHBERRY WAY BOISE, ID 83704
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) *Janet S. Smith*  
Typed Name JANET S. SMITH
- 2) *Terry DeRoohan*  
Typed Name TERRY DEROHAN
- 3) \_\_\_\_\_  
Typed Name TINA MOURITSEN

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Web Form

Secretary of State use only

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10/24/2007 05:00  
CK: 2358 CT: 218901 BH: 1082867  
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SECRETARY OF STATE  
STATE OF IDAHO