



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP FILED EFFECTIVE

(Instructions on back of application)

2007 MAY -3 AM 9:50

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: Aspect Window Treatments 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:

10 West Rigby Road Driggs, ID 83422

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: 10 West Rigby Road
Driggs, ID 83422

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) Shauna Bleggi
Typed Name Shauna Bleggi

2) Brannon Bleggi
Typed Name Brannon Bleggi

3) _____
Typed Name

Secretary of State use only

Idaho Secretary of State
6/1/2007

IDAHO SECRETARY OF STATE
05/03/2007 05:00
CK: 1638 CT: 212965 BH: 1051485
1 @ 100.00 = 100.00 QUALIF LLP # 2

Web Form

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