



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

2007 OCT 10 PM 4:30

SECRETARY OF STATE
STATE OF IDAHO

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: Reliable Payroll Services L.L.P.

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:

451 Park Avenue, Idaho Falls, ID 83402

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: 451 Park Avenue, Idaho Falls, ID 83402

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)
Typed Name Lynn L. Jack

2)
Typed Name Jeff Neiswanger for Channel Blend

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/11/2007 05:00
CK: 1305553 CT: 172099 BH: 1079913
1 @ 100.00 = 100.00 QUALIF LLP # 3

J 1657