



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED/EFFECTIVE

(Instructions on back of application)

AUG 17 10 25 AM '01

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-100.

SECRETARY OF STATE

1. The name of the limited liability partnership is: DERMA SILK RLLP

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

X

The date it was filed with the Idaho Secretary of State's Office was: X

3. The street address of the limited liability partnership's chief executive office is:

671 East River Park Lane, Boise, Idaho 83706

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:

671 East River Park Lane, Boise, Idaho 83706

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): X

8. Signature of at least 2 partners:

1) Katie C. Clemens

Typed Name KATIE CLEMENS

2) Silk Touch Laser LLP by Max M. Sheils, Jr.

SILK TOUCH LASER, LLP, by its  
Typed Name attorney, Max M. Sheils, Jr.

3) \_\_\_\_\_

Typed Name \_\_\_\_\_

Secretary of State use only

IDaho SECRETARY OF STATE  
08/17/2001 05:00  
CK: 5353 CT: 5033 BH: 414142  
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