FILED EFFECTIVE

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: Vain and Vintage, 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:
   7451 North Valley Vista Rd. Pocatello, ID 83201

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: 7451 North Valley Vista Rd.
   Pocatello, ID 83201

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 Laura Hamilton

   2) _____
   Typed Name Jessica Pearson

   3) _____
   Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/14/2005 05:00
CK: 5124 CT: 190474 BH: 021131
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