



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: Snowvisual 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:
300 Larch St. , Sandpoint ID 83864
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: Snowvisual LLP
217 Cedar St, Suite #177 Sandpoint, ID 83864
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) Kenleigh C Hobby 12/29/04

Typed Name Kenleigh C. Hobby

2) Scott A. Romsa

Typed Name Scott A. Romsa

3) _____

Typed Name _____

Secretary of State use only

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01/03/2005 05:00
CK: 7480438043 CT: 184873 BH: 784898
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