



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

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: Idaho Embroidery 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:
2202 Estates Dr., Nampa, ID 83686
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: 2202 Estates Dr, Nampa, ID 83686
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): 3-24-03

8. Signature of at least 2 partners:

1) *John Brasch*

Typed Name John Brasch

2) *David L Johnson*

Typed Name David L Johnson

3) _____

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
04/25/2003 05:00
CK: 1006 CT: 169462 BH: 676824
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