

10 FEB -5 AM 8:51



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

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: D-Pad Labs 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:

570 S 2 W Apartment 5, Rexburg, Idaho, 83440

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: 570 S 2 W Apartment 5
Rexburg, Idaho, 83440

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) [Signature]
Typed Name Blaine Taylor

2) [Signature]
Typed Name Taylor Weaver

3) [Signature]
Typed Name Nathan Smith

Secretary of State use only

g:\comp\lms\reg\app\05 Revised 01/2001

IDAHO SECRETARY OF STATE
02/05/2010 05:00
CK: 128 CT: 244658 BH: 1206856
1 @ 100.00 = 100.00 QUALIF LLP # 2

J1953