

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

2004 AUG 30 PM 2:33
STATE OF IDAHO

1. The name of the limited liability partnership is: Ident-A-Kid Services Northwest, **LLP**

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

The date it was filed with the Idaho Secretary of State's Office was: N/A

3. The street address of the limited liability partnership's chief executive office is:
1772 E. Hanley Ave., Dalton Gardens, ID 83815

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A

5. The mailing address for future correspondence is: Same as #3

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

7. Future effective date (optional): 9/1/04

8. Signature of at least 2 partners:

1) *Elizabeth Kofmehl*
Typed Name Elizabeth Kofmehl

2) *Teri E. Gallus*
Typed Name Teri E. Gallus

3) _____
Typed Name _____

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Secretary of State use only

IDAHO SECRETARY OF STATE
08/30/2004 05:00
CK: 2780 CT: 124996 BH: 763633
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