



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

AUG 13 AM 8:49

(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: Zazz 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:
847 N 800 E Shelley ID 83274
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: 847 N 800 E Shelley ID 83274
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): 8/20/08

8. Signature of at least 2 partners:

- 1) [Signature]
Typed Name Deven Scott
- 2) [Signature]
Typed Name Donna Scott
- 3) _____
Typed Name _____

Secretary of State use only

sctop/mme/qualif.pdf Revised 01/2001

IDAHO SECRETARY OF STATE
08/13/2008 05:00
CK: 3833 CT: 156000 BH: 1131450
1 @ 100.00 = 100.00 QUALIF LLP # 2

Web Form

51771