

FILED EFFECTIVE

2005 JUN 15 PM 9:55



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: Falls Centre for Functional Medicine, 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: 1443 Anny Dr. E. Twin Falls, ID 83301
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: 488 Blue Lakes Blvd. North, Suite 104
Twin Falls, ID 83301
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 Jed E. Adamson

2) [Signature]
Typed Name Laurence V. Hicks, Sr.

3) [Signature]
Typed Name Laurence V. Hicks, Jr.

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Secretary of State use only

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06/10/2005 05:00
CK: NO CK # CT: 189543 BH: 815337
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