



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

09 FEB 26 AM 8:48

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: RE:Creation 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:

120 South 3rd Avenue Sandpoint, ID 83864

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: 120 S. 3rd Ave. Sandpoint, ID 83864

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)
Typed Name Remick Isaac Albire

2)
Typed Name Kathryn Jennings Waterhouse

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/26/2009 05:00
CK: 1335 CT: 234511 DN: 1156725
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Web Form

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