



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

05 NOV 18 PM 4:48

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

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability partnership is: Valley Spas & More, 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:

313 CeCe Way McCall, Id 83638

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

Teresa M Silver

319 N 30th St #204 Boise ID 83702

5. The mailing address for future correspondence is: P.O. Box 552 McCall, Id 83638-0552

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 Larry L. Schmidt

2) [Signature]

Typed Name Teresa M. Silver

3) \_\_\_\_\_

Typed Name \_\_\_\_\_

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Secretary of State use only

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11/21/2005 05:00  
CK: 113 CT: 194323 BH: 922994  
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1 @ 20.00 = 20.00 EXPEDITE C # 3

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