



STATEMENT OF QUALIFICATION OF FILED EFFECTIVE LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application) 2005 OCT 17 AM 9:39

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: Oasis Massage, RLLP

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: 1944 N. Coolsprings Ave, Kuna ID 83634

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: 1944 N. Coolsprings Ave Kuna ID 83634

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

7. Future effective date (optional): September 29, 2005

8. Signature of at least 2 partners:

1) Brandy Sturlin

Typed Name Brandy Sturlin

2) [Signature]

Typed Name Nathan Sturlin

3) _____

Typed Name _____

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Secretary of State use only

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10/17/2005 05:00
CK: 321 CT: 193310 BH: 917223
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 CORP SUR # 3

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