



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FEB 14 AM 8:49

(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

SECRETARY OF STATE OF IDAHO

1. The name of the limited liability partnership is: A Nu You Boutique LLP

2. If previously filed a statement of partnership, the name used in that statement is: N/A

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: 1305 Long Road, Weiser, ID 83672

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: P. O. Box 52, New Plymouth, ID 83655

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) Carmen LaCrone
Typed Name Carmen LaCrone

2) Connie Fowler
Typed Name Connie Fowler

3)
Typed Name

Secretary of State use only

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IDAHO SECRETARY OF STATE
02/14/2011 05:00
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