



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP FILED EFFECTIVE

(Instructions on back of application)

2007 MAR 12 AM 9:02

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: Desert Angel Leather 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:

3482 E 3100 N, Kimberly, ID 83341

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: 3482 E 3100 N, Kimberly, ID 83341

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 Ladd Lappin

2) [Signature]

Typed Name Jeanne L. Lappin

3) _____

Typed Name

Secretary of State use only

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IDAHO SECRETARY OF STATE
03/12/2007 05:00
CK: 4854 CT: 210728 BH: 1039126
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

Web Form

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