



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

05 OCT -4 PM 1:29

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: On The Frame Framing 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:

3829 pershing st. boise, id. 83705

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: ben haines, 3829 pershing st. boise, id. 83705

5. The mailing address for future correspondence is: 3829 pershing st. boise, id. 83705

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) Ben Haines

TypedName ben haines

2) [Signature]

TypedName brian tiedemann

3) _____

TypedName _____

Secretary of State use only

g:\scpt\forms\qualip.p65 Revised 01/2001

IDAHO SECRETARY OF STATE
10/04/2005 05:00
CK: CASH CT: 192935 BH: 915077
1 @ 100.00 = 100.00 QUALIF LLP # 2

Web Form

J1342