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STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

LIANT OF STAT STATE OF IDAHO

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(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

The name of the limited liability partners	ship is: Idaho Power Toys, LLP
2. If previously filed a statement of partner	rship, the name used in that statement is:
The date it was filed with the Idaho Sec	cretary of State's Office was:
. The street address of the limited liability	y partnership's chief executive office is:
112 OAKHURST WAY, BOISE, ID 83709	
If the partnership does not have an office the registered agent is:	ce in the state of Idaho, the name and address of
The mailing address for future correspond	ndence is: 112 OAKHURST WAY, BOISE, ID 83709
The above-named partnership elects to	be a limited liability partnership.
. Future effective date (optional):	
. Signature of at least 2 partners:	
1) Gold Wali	Secretary of State use only
Typed Name SYDNEX MORSENION 2) MORSENION Typed Name JEREMY REDDEN	Secretary of State use only
3)	IDAHO SECRETARY OF STATE 12/21/2009 05:00
Typed Name	CX: 3695501883 CT: 243215 BH: 1208