



**STATEMENT OF PARTNERSHIP
AUTHORITY**

(Instructions on back of application)

09 AUG 26 PM 3:14

SECRETARY OF STATE
STATE OF IDAHO

The undersigned partnership hereby files a statement of partnership authority, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-303.

1. The name of the partnership is: Home Helpers.
2. The street address of its chief executive office is: 204 Cedar, #2, Wallace, ID 83873.
3. The street address of one (1) office in Idaho: 204 Cedar, #2, Wallace, ID 83873.

- 4. The names and mailing addresses of all partners (attached sheets may be added):**

Name	Address
Amber Kitt-Trier	PO Box 1007; Wallace, ID 83873
Andrew Kingsley	PO Box 1007; Wallace, ID 83873

OR the name and address of the agent in Idaho who maintains a list of all partners:

- 5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:**

Amber Kitt-Trier		
Andrew Kingsley		

- 6. Signature of at least 2 partners:**

1) Amber Kitt-Trier
Typed Name Amber Kitt-Trier

2) [Signature]
Typed Name Andrew Kingsley

3) _____
Typed Name N/A

Secretary of State use only

Backed 08/20/02

IDAHO SECRETARY OF STATE
08/26/2009 05:00
CK: 1229 CT: 240029 DN: 1104572
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