

## STATEMENT OF PARTNERSHIP **AUTHORITY**

SECRETAPING ATE

(Instructions on back of application)

The undersigned partnership hereby files a statem the following information to the Secretary of State	ment of partnership authority, and submits pursuant to Idaho Code § 53-3-303,
1. The name of the partnership is: SOUTHSHOR	RE PARTNERS
2. The street address of its chief executive office is	
Lane, Boise, Idaho 83703	
3. The street address of one (1) office in Idaho:	4477 Emerald St., Suite C-250,
4. The same and writing add to the same and	
4. The names and mailing addresses of all partne	
Name Address	
OR the name and address of the registered ag	agent in Idaho is:
<del>-</del>	merald St., Suite C-250, Boise, ID
	83706
<ol><li>The names of the partners authorized to execu held in the name of the partnership:</li></ol>	cute an instrument transferring real property
Roger H. Allen Virginia A.	. Allen Kathleen K. Weber
Robert J. Ennis	
6. Signature of at least 2 partners	
n Con Mills	Secretary of State use only
Typed Namie Roger H. Allen	
Typed Name Roger H. Allen 2)	
2) CZQQ	
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