STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2013 JAN -2 AM 9:20
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: AROUND TOWN TRANSPORT.

2. The street address of its chief executive office is: 1655 12TH ST-IDAHO FALLS ID 83404.

3. The street address of one (1) office in Idaho: SAME.

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

Name	Address
JACOB W HOLLINGSWORTH	1655 12TH STREET - IDAHO FALLS ID 83404
SAMUEL LEE CANTAFIO	1655 12TH STREET - IDAHO FALLS ID 83404

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:

JACOB W HOLLINGSWORTH

SAMUEL LEE CANTAFIO

6. Signature of at least 2 partners:

1) [signature]

Typed Name JACOB W HOLLINGSWORTH

2) [signature]

Typed Name SAMUEL LEE CANTAFIO

3)

Typed Name

g:\corp\forms\gpforms\partnershipauth.p65 Revised 09/2002

Web Form

Secretary of State use only

IDAHO SECRETARY OF STATE
01/02/2013 05:00
CK: 19790 CT: 71909 BH: 1353834
1 @ 100.00 = 100.00 PARTN AUT # 2

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