

## STATEMENT OF PARTNERSHIP **AUTHORITY**

(Instructions on back of application)

10 JUL 23 AM 8: 30

	SECREDARY OF STATE
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.	
. The name of the partnership is:	GP ENTERPRISES
. The street address of its chief ex WEISER ID 83672	ecutive office is: 63 E COURT ST
. The street address of one (1) offi	ice in Idaho: 63 E COURT ST
. The names and mailing address	es of all partners (attached sheets may be added):
Name	Address
PERRY PLISCHKE	424 E LIBERTY ST WEISER ID 83672
GEORGIA PLISCHKE	424 E LIBERTY ST WEISER ID 83672
5. The names of the partners authorield in the name of the partnership: PERRY PLISCHKE	orized to execute an instrument transferring real property
GEORGIA PLISCHKE	
6. Signature of at least 2 partners:	Secretary of State use only
Typed Name Perry Plischke  2) Assessing Typed Name Georgia Plischke  3)	Solution   Solution
Typed Name	CK: 5656 CT: 249846 BH: 123