



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE
2015 NOV -3 AM 10:48

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: Eastern Idaho Commerce Center

2. The street address of its chief executive office is: _____

4855 1st Street, Idaho Falls, ID 83401

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

3456 East 17th Street Suite 185, Ammon Idaho 83406

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

Name

Address

_____	_____
_____	_____
_____	_____

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

Rodney K Roberts

3456 East 17th Street, Suite 185, Ammon ID 83406

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

Robert Suitter

_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1)

Robert Suitter
Typed Name Robert Suitter

2)

Frank Suitter
Typed Name Frank Suitter

3)

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE

11/03/2015 05:00

CK:2306 CT:316374 BH:1498951

1@ 100.00 = 100.00 PARTN AUT #2

1@ 20.00 = 20.00 EXPEDITE C #3

g:\corpforms\gforms\partnershipauth.p65
Revised 09/2002

Web Form

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