Typed Name

FILED EFFECTIVE



STATEMENT OF PARTNERSHIP AUTHORITY 2018 MAY -3 PM 2: 34 chiers on back of application)

	(instructions on bi	ack of application)	SECRETARY OF STATE STATE OF IDAHO
e following i	information to the Secret	tary of State pursuant	rtnership authority, and submits to Idaho Code § 53-3-303.
The name	of the partnership is: PC)LATIS BROTHERS FARI	18
	address of its chief exec		
BLACKFOO	OT, ID 83221		
	address of one (1) office ot, ID 83221	in idaho; 174 SOUTH	1075 WEST,
The names	s and mailing addresses	of all partners (attach	ed sheets may be added);
Name RICHARD	Name Address RICHARD D. POLATIS 174 SOUTH 1075 WEST, BLACKFOOT, ID 63221		ST, BLACKFOOT, ID 63221
DANIEL T.	VIEL T. POLATIS 131 SOUTH 1075 WEST, BLACKFOOT, ID 83221		ST, BLACKFOOT, ID 83221
The names Id in the na	s of the partners authorize me of the partnership: D. POLATIS	·	tains a list of all partners: rument transferring real propert
DANIEL T.	POLATIS		
Signature	of at least 2 partners:		
1) Typed Name	RICHARD D. POLATIS		Secretary of State use only
2) Jan	il Tralato	- Indiana	IDAHO SECRETARY OF STA
Typed Name	DANIEL T. POLATIS	Agentical Co.	05/03/2018 05:0 K:18081180 CT:172099 BH
3)		and the state of t	16 100.00 = 100.00 PARTI
Typer Neme			10 20.00 = 20.00 EXI

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Web Form