



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

10 NOV 16 AM 8:20

SECRETARY 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: Magic Valley Dive Center
- The street address of its chief executive office is: 2258 Brooks Haven Ln. Filer, Idaho 83328
- The street address of one (1) office in Idaho: 701 Second Ave. South Twin Falls, Idaho 83301

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

Name	Address
<u>David L. Scantlin</u>	<u>228 W. 309 S. Jerome, Idaho 83338</u>
<u>Kim Shelley-Hurley</u>	<u>2258 Brooks Haven Ln. Filer, Idaho 83328</u>

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

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

<u>David L Scantlin</u>	<u></u>	<u></u>
<u>Kim Shelley-Hurley</u>	<u></u>	<u></u>

- Signature of at least 2 partners:

- Typed Name David L. Scantlin
- Typed Name Kim Shelley-Hurley
- Typed Name

Secretary of State use only

g:\corpforms\gsforms\partnershipauth.pdf
Revised 09/2002
Web Form

IDAHO SECRETARY OF STATE
11/16/2010 05:00
CK: 5062 CT: 252816 BH: 1247327
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