

Typed Name

STATEMENT OF PARTNERSHIP FILED EFFECTIVE AUTHORITY

(Instructions on back of application)

11 SEP 28 AM 8: 41

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. Olson Brothers Builders 1. The name of the partnership is: 2. The street address of its chief executive office is: ______ 5049 Deer Ridge Trail, Victor Idaho 83455 Mailing PO BOX 472, Driggs, Idaho 83422 3. The street address of one (1) office in Idaho: 5049 Deer Ridge Trail, Victor Idaho 83455 Mailing PO BOX 472, Driggs, Idaho 83422 4. The names and mailing addresses of all partners (attached sheets may be added): Address Name Eric D Olson 5021 Deer Ridge Trail, Victor Idaho 83455 Troy D Olson 5049 Deer Ridge Trail, Victor Idaho 83455 **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: Eric D Olson Troy D Olson 6. Signature of at least 2 partners: Secretary of State use only Eric D Oison Typed Name Troy D Olson Typed Name IDAHO SECRETARY OF STATE 28/2011

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