

STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

SECRITARY 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.	
I. The name of the partnership is	
. The street address of its chief of	executive office is: 221 COTTONWOOD, BLACKFOOT
IDAHO 83221	
. The street address of one (1) or	ffice in Idaho: 221 COTTONWOOD
BLACKFOOT, IDAHO 83221	
The names and mailing addresses of all partners (attached sheets may be added):	
Name	Address
SUSAN WALLCE	221 COTTONWOOD, BLACKFOOT, ID 83221
BARBARA OCKERMAN	669 RUTH AVENUE, IDAHO FALLS, 83401
JENNIFER SMITH	34N 3700 E Regly Od 83442
OR the name and address of the	
WILLIAM J. WALLACE	221 COTTONWOOD, BLACKFOOT, ID 83221
The names of the partners author	Offzed to execute an instrument transfer.
eld in the name of the partnership SUSAN WALLCE BARBARA OCKERMAN	:
SUSAN WALLCE	orized to execute an instrument transferring real property
SUSAN WALLCE BARBARA OCKERMAN	e dissocie all instrument transferring real property
SUSAN WALLCE BARBARA OCKERMAN JENNIFER SMITH Signature of at least 2 partners:	20 Secretary of State was
SUSAN WALLCE BARBARA OCKERMAN JENNIFER SMITH Signature of et least 2 partners: Typed Name SUSAN WALLACE	
SUSAN WALLCE BARBARA OCKERMAN JENNIFER SMITH Signature of et least 2 partners: Typed Name SUSAN WALLACE	Secretary of State use only
SUSAN WALLCE BARBARA OCKERMAN JENNIFER SMITH Signature of at least 2 partners: Typed Name SUSAN WALLACE 27 Barbara Chernan	20 Secretary of State
SUSAN WALLCE BARBARA OCKERMAN JENNIFER SMITH Signature of at least 2 partners: Typed Name SUSAN WALLACE Typed Name BARBARA OCKERMAN	Secretary of State use only
SUSAN WALLCE BARBARA OCKERMAN JENNIFER SMITH Signature of at least 2 partners: Typed Name SUSAN WALLACE Typed Name BARBARA OCKERMAN 3)	Secretary of State use only