



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2018 JUN 25 AM 10:18

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: Small Town Swank
2. The street address of its chief executive office is: 1004 5th W Fairfield
ID 83327
3. The street address of one (1) office in Idaho: 430 Timber Ave
Fairfield ID 83327
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Amanda Kramer-Hulme</u>	<u>PO Box 591 Fairfield ID 83327</u>
<u>Alyssa Wilson</u>	<u>PO Box 533 Fairfield ID 83327</u>

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:

Amanda Kramer-Hulme

Alyssa Wilson

6. Signature of at least 2 partners:

1) Amanda Kramer-Hulme

Typed Name Amanda Kramer-Hulme

2) Alyssa Wilson

Typed Name Alyssa Wilson

3)

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE

06/25/2018 05:00

CK:50741031262 CT:359615 BH:1650506

1@ 100.00 = 100.00 PARTN AUT #2

1@ 20.00 = 20.00 CORP SUR #3

g:\corptforms\partnershipauth.pdf Revised 09/2007

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