

Typed Name

## STATEMENT OF PARTNERSHIP **AUTHORITY**

(Instructions on back of application)

2016 AUG 19 AM 9: 00

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 partnersh	nip is:
2. The street address of its c	hief executive office is: 3013 Tamarack Boise, ID 83703
3. The street address of one	(1) office in Idaho: 3013 Tamarack Boise, ID 83703
4. The names and mailing ac	ddresses of all partners (attached sheets may be added):
Name	Address
Thomas Little	3013 Tamarack Boise, ID 83703
George Perry	6174 W Winstead Pl Boise, ID 83704
5. The names of the partners held in the name of the partners.  Thomas Little	s authorized to execute an instrument transferring real property ership:
George Perry	
6. Signature of at least 2 par	
1)	tners:
	Secretary of State use only
Typed Name Thomas Little	Secretary of State use only
Typed Name Thomas Little	Secretary of State use only
Typed Name George Perry	Secretary of State use only
Typed Name Thomas Little  2)  Typed Name George Perry	Secretary of State use only  IDAHO SECRETARY OF STATE