

FILED EFFECTIVE



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

03 MAY 16 PM 4:02

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.

- The name of the partnership is: Guadalupe Partnership
- The street address of its chief executive office is: 111 Main Street
Boise, ID 83702
- The street address of one (1) office in Idaho: 111 Main Street
Boise, ID 83702
- The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Rosa M. Terrazas</u>	<u>111 Main Street Boise, ID 83702</u>
<u>Peter B. Livers</u>	<u>111 Main Street Boise, ID 83702</u>

OR the name and address of the registered agent in Idaho is:

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

Rosa M. Terrazas _____

Peter B. Livers _____

- Signature of at least 2 partners:

1) Rosa M. Terrazas
Typed Name Rosa M. Terrazas

2) Peter B. Livers
Typed Name Peter B. Livers

3) _____
Typed Name _____

g:\corpforms\forms\partnershipauth.p65 Revised 01/2001

Secretary of State use only

IDAHO SECRETARY OF STATE
 05/19/2003 05:00
 CK: 5527 CT: 178120 BH: 601300
 1 @ 100.00 = 100.00 PARTN AUT # 2
 1 @ 20.00 = 20.00 CORP SUR # 3

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