



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

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: Jackson Brother's Concrete

2. The street address of its chief executive office is: 420 Wilson DR. Idaho Falls
ID. 83401

3. The street address of one (1) office in Idaho: _____
10314 N 85 E Idaho Falls, ID. 83401

4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Kelly Jackson</u>	<u>420 Wilson DR. Idaho Falls ID. 83401</u>
<u>Jim Jackson</u>	<u>10314 N 85 E Idaho Falls, ID 83401</u>
_____	_____

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

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

<u>Kelly Jackson</u>	<u>Jim Jackson</u>	_____
_____	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) Kelly Jackson
Typed Name Kelly Jackson

2) Jim Jackson
Typed Name Jim Jackson

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/22/2002 05:00
CK: 1009 CT: 162349 DN: 404169
1 @ 100.00 = 100.00 PARTN AUTH # 2

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