



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE
2004 MAR 18 PM 12:54
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: ACF PARTNERS

2. The street address of its chief executive office is: _____

2450 Colorado Avenue., Suite 4000 W, Santa Monica, Ca 90404

3. The street address of one (1) office in Idaho: _____

n/a

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

Name	Address
<u>/</u>	<u>/</u>
<u>/</u>	<u>/</u>
<u>/</u>	<u>/</u>

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

CT Corporation Systems 300 N. 6th Street, Boise, ID 83702

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

R.A. Maize Corp -Richard A. Maize_Pres.

Lakeville Investments, Inc. = Thomas R. Schiff-Pres.

Keros and Company - Nicholas Keros- Pres.

6. Signature of at least 2 partners:

1) [Signature]

Typed Name R.A. Maize-Richard A. Maize

2) [Signature] Pres.

Typed Name Lakeville Investments, Inc

3) Thomas R. Schiff pres.

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/18/2004 05:00
CK: 2397 CT: 177616 BH: 734016
1 @ 100.00 = 100.00 PARTN AUT # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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

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