

FILED EFFECTIVE



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2017 MAY -8 AM 10:16

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: Cut Above Medical Billing Service
- The street address of its chief executive office is: 1159 W Coyote Lane Post Falls ID 83854
- The street address of one (1) office in Idaho: 1002 N Spokane St Post Falls ID 83854
- The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Doran R Thomas</u>	<u>11559 W Coyote Lane Post Falls ID 83854</u>
<u>Gregory P Bauer</u>	<u>504 S Shore Pines Rd Post Falls ID 83854</u>
<u>Christine M Johnson</u>	<u>14528 N Wright St Rathdrum ID 83858</u>

OR the name and address of the agent in Idaho who maintains a list of all partners:

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

<u>Doran R Thomas</u>		
<u>Gregory Bauer</u>		

- Signature of at least 2 partners:

- [Signature]
Typed Name Doran R Thomas
- [Signature]
Typed Name Gregory P Bauer
- [Signature]
Typed Name Christine M Johnson

Secretary of State use only

IDAHO SECRETARY OF STATE
05/08/2017 05:00CK:3091 CT:339228 BH:1582974
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