



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

10 JUL 26 AM 9:09

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.

- Sabine Parish Diverse Joint Venture No 4
1. The name of the partnership is: _____
2. The street address of its chief executive office is: 8596 N Wanye Dr. Suite B
Hayden, ID 83835

3. The street address of one (1) office in Idaho: 8596 N Wayne Dr Suite B
Hayden, ID 83835

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

Name	Address
Kenneth T. Dorris	8596 N Wayne Dr Suite B Hayden, ID 83835
John Gentry	8596 N Wayne Dr Suite B Hayden, ID 83835

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

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

Kenneth T Dorris		
John Gentry		

6. Signature of at least 2 partners:

1) _____

Typed Name Kenneth T. Dorris

2) 

Typed Name John W. Gentry

3) _____

Typed Name _____

Secretary of State use only

g:\corp\forms\partnershipauth.p65

Revised 08/2002

Web Form

IDAHO SECRETARY OF STATE
07/26/2010 05:00
CK: 2060 CT: 249866 BH: 1231984
1 @ 100.00 = 100.00 PARTN AUT #
1 @ 20.00 = 20.00 EXPEDITE C #

K858