Typed Name

246



STATEMENT OF PARTNERSHIP

	(Instructions on back of application)	STATE OF IDAHO
he undersigi	ned partnership hereby files a statement of partn	erchin authority and publish
e rollowing i	information to the Secretary of State pursuant to	Idaho Code § 53-3-303.
The name	of the partnership is:	ing.
The street	address of its chief executive office is:	623 N. Ramson
Rd	Cocur d'Alene ID 838	315
The street	address of one (1) office in Idaho:	
DAV DAV	id M. Daniels P.O. Box id M. Danohoe 2623 N. Rams ID 83815	493 Plummer ID 83851 ex Rd coence Alene
OR the nat	me and address of the registered agent in Idaho	is:
ld in the nar	of the partners authorized to execute an instrume of the partnership:	_ , , ,
Signature o	of at least 2 partners:	
1) Davi	DAVID A. Donahoe	Secretary of State use only
2) Davi	r Janiel	IBAMA CECOETADY OF CTATE
Typed Name	DAVID DANIELS	IDAHO SECRETARY OF STATE 08/13/2004 05:0 08: 41315342307014 05: 172800 04.

1 0 100.00 = 100.00 PARTH GUT # 3 1 0 20.00 = 20.00 EXPEDITE C # 4 1 0 20.00 = 20.00 CORP SUR # 5

K 209