

FILED EFFECTIVE

STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

11 OCT 24 AM 9:49

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.

1. The name of the partnership is: Imelda's Restaurant
2. The street address of its chief executive office is: 15385 Lavin St., Caldwell ID 83605
3. The street address of one (1) office in Idaho: 15385 Lavin St., Caldwell ID 83605
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Imelda Soto</u>	<u>15385 Lavin St., Caldwell ID 83605</u>
<u>Salvador Soto</u>	<u>15385 Lavin St., Caldwell ID 83605</u>

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:

<u>Imelda Soto</u>	_____	_____
<u>Salvador Soto</u>	_____	_____

6. Signature of at least 2 partners:

1) Imelda Soto
Typed Name Imelda Soto

2) _____
Typed Name Salvador Soto

3) Salvador Soto
Typed Name _____

Secretary of State use only

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Revised 06/2002

Web Form

IDAHO SECRETARY OF STATE
10/24/2011 05:00
CK: 1085 CT: 263547 BH: 1295319
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