

## STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2018 MAY 21 PM 1: 47

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:	Social Hustle
2. The street address of its chief ex	ecutive office is: 26970 Hayward Blvd. #405,
Hayward, CA 94542	
3. The street address of one (1) offi	ice in Idaho: 5197 Brylee Way
tona, Idaho 83427	
4. The names and mailing address:	es of all partners (attached sheets may be added):
Name Delin Bernard	Address 26970 Hayward Bivd. #405, Hayward, CA 94542
Christopher Parrett	5197 Brylee Way, Iona, Idaho 83427
	agent in Idaho who maintains a list of all partners:
Christopher Parrett	
6. Signature of at least 2 partners:  1)  Typed Name Dalin Bernard	Secretary of State use only
Typed Name Christopher Parrett  Typed Name  Typed Name	IDAHO SECRETARY OF STATE  05/21/2018 05:00  CK:1027 CT:355171 BH:1644786  10 100.00 = 100.00 PARTN AUT #