

FILED EFFECTIVE

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STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2013 MAR 19 PM 1:01

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: Mythic Gaming
2. The street address of its chief executive office is: 907 Cahoon Ave. Pocatello ID, 83201
3. The street address of one (1) office in Idaho: 250 N 5th Ave Ste F Pocatello, ID 83201
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
Norman Johnson	907 Cahoon Ave Pocatello, ID 83201
Sheri Baron	907Cahoon Ave Pocatello, ID 83201

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:

Norman Johnson	Sheri Baron	

- 6. Signature of at least 2 partners:**

1) Urea

Typed Name Norman Johnson

2) Shri Baron

Typed Name Sheri Baron

3) _____

Typed Name _____

Secretary of State use only

Revised 09/2002
<http://www.corporateforms.com/partnerships/wh/p65>

IDaho SECRETARY OF STATE

03/20/2013 05:00

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