

~~FILED EFFECTIVE~~



**STATEMENT OF PARTNERSHIP
AUTHORITY**

(Instructions on back of application)

08 JUL -1 AM 8:20

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: Wild Horse Express
2. The street address of its chief executive office is: 11900 Holbrook Lane PO Box 48
P.O. Box 48, Ola, Idaho, 83657
3. The street address of one (1) office in Idaho: 11900 Holbrook Lane, Ola, ID., 83657
4. The names and mailing addresses of all partners (attached sheets may be added):

Name
Troy England
Sherry England


Address
PO Box 48, Ola, Idaho 83657


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:

Troy England		
Sherry England		

6. Signature of at least 2 partners:

1) 
Typed Name Troy England

2) 
Typed Name Sherry England

3) _____
Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
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Web Form