

STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application) 2004 MAR -5 AM 8: 49

SEUNETARY OF STATE 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. Meandering Moose Motel 1. The name of the partnership is: 3. The street address of one (1) office in Idaho: 317 Marion Street, Sandpoint, ID, 83864 4. The names and mailing addresses of all partners (attached sheets may be added): Address Name 317 Marion Street, Sandpoint, ID, 83864 James T Henson 317 Marion Street, Sandpoint, ID, 83864 Denise M Henson OR the name and address of the registered agent in Idaho is: 5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership: James T Henson Denise M Henson 6. Signature of at least 2 partners: Secretary of State use only Typed Name James T Henson Typed Name Denise M Henson IDAHO SECRETARY OF STATE 03/05/2004 05:00 CK: 2003 CT: 177158 BH: 731140 Typed Name