

Typed Name

## AMENDMENT TO STATEMENT OF PARTNERSHIP AUTHORITY

(instructions on back of application)

## FILED EFFECTIVE

2016 SEP -9 PM 4: 11

SECRETARY OF STATE STATE OF IDAHO

The name of the partnership authority is:      REED FARMS, PART	NERSHIP
The date of which its statement of partnership authority     Secretary of State was2/8/2010	was filed with the Idaho and its domestic state is:IDAHO
3. The statement of partnership authority is amended as follows: [check appropriate box(es)]	
a. The name of the partnership authority is amended to read:	
☐ b. The name of each withdrawing partner is:	
C. The name and business address of each new partner is: (if more space is needed, continue in block e)  Brad Reed 134 South 1900 West Pingree ID 83262	
☐ d. The name(s) of partners added or removed for authorization to execute an instrument transferring	
real property held in the name of the partnership:	
Add: BRAD REED	
Remove:  □ e. Other amendments (optional):	
Signature of at least two (2) partners:	
Signature /	Secretary of State use only
Typed Name TERRY REED	IDAHO SECRETARY OF STATE  09/09/2016 05:00  CK:10194 CT:328867 BH:1545649  16 30.00 = 30.00 STMT AMEN #2
Signature	CK:10194 CT:328867 BH:1545649
Typed Name BRAD REED	16 30.00 = 30.00 STMT AMEN #2
Signature Black Rocal	V 805