



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE
2012 OCT 26 AM 9:02
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: Cleve G. and Karol D. Smith Partnership
2. The street address of its chief executive office is: 3619 East 1595 South, Malta, ID 83342
3. The street address of one (1) office in Idaho: 3619 East 1595 South, Malta, ID 83342
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Cleve G. Smith</u>	<u>3619 East 1595 South, Malta, ID 83342</u>
<u>Karol D. Smith</u>	<u>3619 East 1595 South, Malta, ID 83342</u>

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:

<u>Cleve G. Smith</u>	<u></u>	<u></u>
<u>Karol D. Smith</u>	<u></u>	<u></u>

6. Signature of at least 2 partners:

- 1) Cleve G. Smith
Typed Name Cleve G. Smith
- 2) Karol D. Smith
Typed Name Karol D. Smith
- 3)
Typed Name

Secretary of State use only

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Revised 09/2002

IDAHO SECRETARY OF STATE
10/26/2012 05:00
CK: 20999 CT: 103292 BH: 1345230
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