



STATEMENT OF PARTNERSHIP AUTHORITY FILED EFFECTIVE

(Instructions on back of application)

2017 APR 10 AM 9:14
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: Garden of Eiden

2. The street address of its chief executive office is: 945 Orlin Drive, Idaho Falls, ID 83404

3. The street address of one (1) office in Idaho: 945 Orlin Drive, Idaho Falls, ID 83404

4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Thomas Eiden</u>	<u>945 Orlin Drive, Idaho Falls, ID 83404</u>
<u>Mindy Moore</u>	<u>210 Harrisburg Ln, Idaho Falls, ID 83404</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>Thomas Eiden</u>	_____	_____
_____	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) [Signature]

Typed Name Thomas Eiden

2) [Signature]

Typed Name Mindy Moore

3) _____

Typed Name _____

Secretary of State use only

g:\corpforms\pforms\partnershipauth.pdf
Revised 09/2002

IDAHO SECRETARY OF STATE
04/11/2017 05:00

CR:152 CT:335298 BH:1578422
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Web Form

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