

Typed Name

STATEMENT OF PARTNERSHIPLED EFFECTIVE AUTHORITY

(Instructions on back of application)

08 SEP -4 PM 3:11

The undersigned partnership hereby files a statement of partnership authority, and subtrees the following information to the Secretary of State pursuant to Idaho Code \$ 53-3-303.				
1. 7	The name of the partnership is: K. & J. Thomas			
2. 1	The street address of its chief exec	cutive office is	69 N. 1st	E. Preston, Idaho, 83263
3. T	The street address of one (1) office	in Idaho: sa	me as abov	е
4 . 7	The names and mailing addresses	of all partner	s (attache	d sheets may be added):
	Name	Address		
	Joanna Thomas	2233 South 500 East Apt. 110, SLC, UT 84106		
	Kathy S. Thomas	69 N. 1st E. Preston, ID 83263		
OR the name and address of the agent in Idaho who maintains a list of all partners:				ains 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:				
	Kathy Thomas	· · · · · · · · · · · · · · · · · · ·	· 	
-			······································	
,				
6. S	Signature of at least 2 partners:			
1) Journa Thomas		<u></u>	Secretary of State use only
Ţ	yped Name Joanna Thomas		goformatyaninanahpauth.p85 riaad 08/2002	12654
-	Follow home	<u> </u>	Premarks	IDAHO SECRETARY OF STATE
Ţ	yped Name Kathy Thomas		forms/parts ed 09/2002	09/04/2008 05:00 CK: NO CK# CT: 229430 BH: 1134466
3	<u>) </u>		og i	1 # 188.80 = 188.80 PARTH AUT # 2