

FILED EFFECTIVE



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

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: RE-CREATE MCCALL
2. The street address of its chief executive office is: 42 GARDEN LN MCCALL, ID 83638
3. The street address of one (1) office in Idaho: 42 GARDEN LN MCCALL, ID 83638

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

Name	Address
<u>JODIE LEA</u>	<u>1400 BOYDSTUN LN MCCALL, ID 83638</u>
<u>L UMA MULNICK</u>	<u>PO BOX 1005 MCCALL, ID 83638</u>

**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:

JODIE LEA

L UMA MULNICK

6. Signature of at least 2 partners:

1)

Typed Name JODIE LEA

2)

Typed Name L UMA MULNICK

3) \_\_\_\_\_

Typed Name \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
07/06/2005 05:00  
CK: 106 CT: 190253 BH: 819733  
1 @ 100.00 = 100.00 PARTN AUTH # 2

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Revised 01/2001

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