

STATEMENT OF PARTNERSHIP **AUTHORITY**

(Instructions on back of application) 2003 NOV 14 AM 8: 54

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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	A LITTLE MOORE C	UILTING	·
2. The street address of its chief	executive office is:	116 Micha	el Lane, Sandpoint, Idaho 83864
3. The street address of one (1)	office in Idaha.	6 Michael La	ine, Sandpoint, Idaho 83864
4. The names and mailing addre	esses of all partners	attached	sheets may be added):
Name Pamela K. Little	Address 746 Meadowlark Lane, Sandpoint, Idaho 83864		
Pamela A. Moore	116 Michael Lane, Sandpoint, Idaho 83864		
OR the name and address of 5. The names of the partners au held in the name of the partnersh	thorized to execute		
Pamela K. Little Pamela A. Moore	***		
rameia A. Moore			
6. Signature of at least 2 partner 1) Tomula K Ju Typed Name Pamela K. Little 2) Amula G. Typed Name Pamela A. Moore 3)	rs: Title	plforms/garnershjauth.p65 Revised 01/2001	Secretary of State use only IDANO SECRETARY OF STATE
Typed Name		plformsk	11/14/2003 05:06 CK: 2324 CT: 174338 BH: 71164

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