

FILED EFFECTIVE

248



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2010 SEP -1 PM 4:13

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.

- The name of the partnership is: Lance & Lisa Funk Partnership
- The street address of its chief executive office is: 2765 Fairgrounds Road
American Falls, ID 83211
- The street address of one (1) office in Idaho: 2765 Fairgrounds Road
American Falls, ID 83211

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

Name	Address
<u>Lance D. Funk</u>	<u>P. O. Box 310, American Falls, ID 83211</u>
<u>Lisa Funk</u>	<u>P. O. Box 310, American Falls, ID 83211</u>

OR the name and address of the agent in Idaho who maintains a list of all partners:

- The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

<u>Lance D. Funk</u>	_____	_____
<u>Lisa Funk</u>	_____	_____
_____	_____	_____

- Signature of at least 2 partners:

- [Signature]
Typed Name Lance D. Funk
- [Signature]
Typed Name Lisa Funk
- _____
Typed Name _____

Secretary of State use only

is a Certified Application Agent (CAA) for the State of Idaho
Revised 06/2002

IDAHO SECRETARY OF STATE

09/01/2010 05:00

CK: NONE CT: 113824 BH: 1237389

1 @ 100.00 = 100.00 PARTN AUT # 2

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