



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

2013 JUL 12 AM 9:02

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: JUAREZ TILE & MASONRY
- The street address of its chief executive office is: 205 E CENTER ST NUM 7 / PO BOX 961
VICTOR, IDAHO, 83455
- The street address of one (1) office in Idaho: 205 E CENTER ST NUM 7 / PO BOX 961
VICTOR, IDAHO, 83455
- The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>SAUL JUAREZ</u>	<u>PO BOX 961, VICTOR, IDAHO, 83455</u>
<u>REYNALDO JUAREZ</u>	<u>PO BOX 961, VICTOR, IDAHO, 83455</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>SAUL JUAREZ</u>	<u>REYNALDO JUAREZ</u>	_____
_____	_____	_____
_____	_____	_____

- Signature of at least 2 partners:

1) *Saul Juarez*
Typed Name SAUL JUAREZ

2) _____
Typed Name REYNALDO JUAREZ

3) *Reynaldo Juarez*
Typed Name _____

Secretary of State use only

g:\corpforms\forms\partnershipauth.p65
Revised 09/2002

IDAHO SECRETARY OF STATE
07/12/2013 05:00
CK: 20941827333 CT: 285253 BH: 1381832
1 @ 100.00 = 100.00 PARTN AUT # 2

Web Form

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