



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2006 MAR -3 AM 9:03

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.

1. The name of the partnership is: WENSMAN FARMS
2. The street address of its chief executive office is: 343 WENSMAN RD
COTTONWOOD, ID 83522
3. The street address of one (1) office in Idaho: 343 WENSMAN RD
COTTONWOOD, ID 83522

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

Name	Address
<u>DEBBIE WENSMAN</u>	<u>343 WENSMAN RD, COTTONWOOD, ID 83522</u>
<u>DORIS WENSMAN</u>	<u>343 WENSMAN RD, COTTONWOOD, ID 83522</u>
<u> </u>	<u> </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:

<u>DEBBIE WENSMAN</u>	<u> </u>	<u> </u>
<u>DORIS WENSMAN</u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

6. Signature of at least 2 partners:

- 1) *Debbie Wensman*
Typed Name DEBBIE WENSMAN
- 2) *Doris Wensman*
Typed Name DORIS WENSMAN
- 3)
Typed Name

Secretary of State use only

g:\corpforms\spforms\partnershipauth.p65
Revised 01/2001

1K344
IDAHO SECRETARY OF STATE
03/03/2006 05:00
CK: 246 CT: 197589 BH: 940955
1 @ 100.00 = 100.00 PARTN AUT # 2