



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2018 MAY -1 PM 4:11

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: MIDWARD ARMS

2. The street address of its chief executive office is: 2137 VIERA CT
ANTIOCH, CA 94509

3. The street address of one (1) office in Idaho: 555 N 8TH E
MOUNTAIN HOME, ID 83647

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

Name	Address
<u>ARRON COSETTI</u>	<u>2137 VIERA CT ANTIOCH, CA 94509</u>
<u>ERIC COSETTI</u>	<u>555 N 8TH E MOUNTAIN HOME, ID 83647</u>
_____	_____

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

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

<u>ARRON COSETTI</u>	<u>ERIC COSETTI</u>	_____
_____	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

- [Signature]

Typed Name ARRON COSETTI
- [Signature]

Typed Name ERIC COSETTI
- _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/01/2018 05:00

CK:123 CT:357146 BH:1641435
1@ 100.00 = 100.00 PARTN AUT #2
1@ 20.00 = 20.00 CORP SUR #3

Revised 09/2002

Web Form

K 1562