



# 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.

- The name of the partnership is: MIDLAND ARMS
- The street address of its chief executive office is: 2137 VIERA CT  
ANTIOCH, CA 94509
- The street address of one (1) office in Idaho: 555 N 8<sup>TH</sup> E  
MOUNTAIN HOME, ID 83647
- 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 8<sup>TH</sup> E MOUNTAIN HOME, ID 83647</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>ARRON COSETTI</u>	<u>ERIC COSETTI</u>	

- Signature of at least 2 partners:

1)	<u>[Signature]</u>
Typed Name	<u>ARRON COSETTI</u>
2)	<u>[Signature]</u>
Typed Name	<u>ERIC COSETTI</u>
3)	
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

9:\corp\forms\gpl\forms\partnership\auth.p65  
Revised 09/2002

Web Form

K 1562