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FILED EFFECTIVE



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

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: S & S Partnership
- The street address of its chief executive office is: 4000 W. Riverbend Ave.  
Post Falls, ID 83854
- The street address of one (1) office in Idaho: 4000 W. Riverbend Ave.  
Post Falls, ID 83854

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

Name	Address
<u>Sukminder S. Pooni</u>	<u>4000 W. Riverbend Ave, Post Falls, ID 83854</u>
<u>Sarwan Singh Nagra</u>	<u>4000 W. Riverbend Ave, Post Falls, ID 83854</u>

OR the name and address of the registered agent in Idaho is:

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

<u>Sukminder S. Pooni</u>	<u></u>	<u></u>
<u>Sarwan Singh Nagra</u>	<u></u>	<u></u>

- Signature of at least 2 partners:

- [Signature]  
Typed Name Sukminder S. Pooni
- [Signature]  
Typed Name Sarwan Singh Nagra
- Typed Name

Secretary of State use only

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Revised: 01/2001  
Web Form

IDAHO SECRETARY OF STATE  
07/19/2004 05:00  
CK: 2072 CT: 180764 BH: 755982  
1 @ 100.00 = 100.00 PARTIAL # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

K203