



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

11 JUL 15 AM 8:47

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: Double Take Lawn Care
2. The street address of its chief executive office is: 11916 N 55 E Idaho Falls, ID 83401
3. The street address of one (1) office in Idaho: 11916 N 55 E Idaho Falls, ID 83401
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
Colby Rowberry	189 Robison Dr. Ammon, ID 83406
Caleb Rowberry	11916 N 55 E Idaho Falls, ID 83401

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:**

Colby Rowberry		
Caleb Rowberry		

- 6. Signature of at least 2 partners:**

1) 
Typed Name - Colby Rowberry

2) 
Typed Name Caleb Rowberry

3) _____
Typed Name

Secretary of State use only

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IDAHO SECRETARY OF STATE
 07/15/2011 05:00
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Web Form

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